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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-29
FLEET - PRIVATE VEHICLE
LOCATION - KENTUCKY
ACCIDENT DATE - [REDACTED] 1996

Submitted By:

[REDACTED]
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[REDACTED] 1997

Revised Submission:

[REDACTED] 1998

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

1. Report No. TRC/IU Case No. 96-29		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle On-Site Air Bag Investigation Private Vehicle Location [REDACTED]				5. Report Date [REDACTED] 1997; [REDACTED], 1998	
				6. Performing Organization Code	
7. Author(s) [REDACTED]				8. Performing Organization Report No. TRC/IU 96-29, Task 0072	
9. Performing Organization Name and Address Indiana University Transportation Research Center 222 West Second Street Bloomington, Indiana 47403-1599				10. Work Unit No. (TRAIS)	
				11. Contract or Grant No. DTNH22-94-D-17058	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590-0003				13. Type of Report and Period Covered [REDACTED], 1996	
				14. Sponsoring Agency Code	
15. Supplementary Notes On-site air bag deployment investigation involving a 1995 Geo Metro, three-door hatchback, with manual safety belts and dual front air bags, and a 1994 Chevrolet K-1500, extended cab pickup					
16. Abstract This report covers an on-site investigation of an air bag deployment crash that involved a 1995 Geo Metro and a 1994 Chevrolet K-1500 pickup. This crash is of special interest because the Metro's, improperly restrained, right front passenger (4-year-old male) sustained fatal cervical injuries from impacting his deploying air bag. The Metro had just exited a right-hand curve and was traveling northeast in the northbound lane of a narrow [i.e., 4 meters (13.1 feet) total roadway width at point of impact], ice and snow-covered, two-lane, undivided, county road. The K-1500 pickup which had just exited the right-hand portion of an "S"-curve and was traveling southwest in the southbound lane of the same narrow roadway. The crash occurred in middle of the narrow roadway. The front of the Metro (case vehicle) impacted the front left of the pickup (vehicle #2) causing the case vehicle's driver and right front supplemental restraints (air bags) to deploy. The case vehicle's frontal damage indicates that the case vehicle essentially under rode the front of vehicle #2. The case vehicle was towed due to damage, and vehicle #2 was driven from the scene. The case vehicle's driver (25-year-old male) was normally postured with his seat track located between its middle and rearmost positions. The case vehicle was not equipped with a tilt steering wheel. He was restrained by his available, active, three-point, lap and shoulder belt and sustained a minor lumbar strain and contusions. The right front passenger (4-year-old male) was abnormally postured, and his seat track's position is unknown because the seat moves all the way forward whenever the right front door is open. He was improperly restrained by his available, active, three-point, lap and shoulder belt because the shoulder belt was positioned behind his torso. According to his autopsy he sustained fatal cervical and brain injuries which included: a transection of the spinal cord--at the medulla oblongata, with a complete atlanto-occipital dislocation; subarachnoid, intraventricular, and brain stem hemorrhages; and diffuse brain swelling. These injuries were caused by the front right air bag. The right front passenger was also struck by the front right air bag module's cover flap which resulted in a laceration to his larynx and thyroid and cricoid cartilages and abrasions and contusions to his chin and right cheek and neck. In addition, he sustained other brain, chest, abdomen, and integumentary injuries. The other rear passenger (21-year-old female) was abnormally postured. The rear seat was not adjustable. She was not restrained because there were no restraints available for the center of the rear seat. She sustained minor injuries, including a right shoulder sprain and soft tissue injuries. The right rear passenger (2-year-old male) was normally postured. He was properly restrained in a child safety seat by the safety seat's harness and his available three-point, lap and shoulder belt. He sustained minor injuries, including a nasal fracture and minor soft tissue injuries. Both rear passengers were impacted by the right front passenger as he was propelled into the back seat by his deploying front right air bag.					
17. Key Words Motor Vehicle Traffic Accident Air Bag Deployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No. of Pages 77	22. Price \$8,500		

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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-29

FLEET - PRIVATE VEHICLE
LOCATION - KENTUCKY

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Geo Metro, three-door hatchback, and a 1994 Chevrolet K-1500, extended cab pickup, occurring in [REDACTED] 1996 at [REDACTED] p.m., in a rural area on a county road. This crash is of special interest because the Metro's, improperly restrained, right front passenger (4-year-old male) sustained fatal cervical injuries from impacting his deploying air bag.

The Metro had just exited a right-hand curve and was traveling northeast in the northbound lane of a narrow [i.e., 4 meters (13.1 feet) total roadway width at point of impact], ice and snow-covered, two-lane, undivided, county road when it impacted the K-1500 pickup which had just exited the right-hand portion of an "S"-curve and was traveling southwest in the southbound lane of the same narrow, ice and snow-covered roadway. The crash occurred in middle of the narrow roadway. The Metro remained in the roadway after impact and came to rest with its front bumper underneath the pickup's front bumper, heading northeast. The pickup also remained on the roadway after the impact and came to rest heading southwest.

The front of the Metro impacted the front left of the pickup. The Metro's frontal damage indicates that, other than the direct damage to the top 5 centimeters (2 inches) of the front bumper, the Metro essentially under rode the front of the pickup. The Metro was towed due to damage. The pickup was driven from the scene. The CDCs were determined to be: **12-FDEW-2** for the Metro and **12-FYLV-1** for the pickup. The SMASH reconstruction program, damage only algorithm, was used on the highest severity impact to the Metro. The Total, Longitudinal, and Lateral Delta Vs are respectively: 23 km.p.h. (14 m.p.h.), -22 km.p.h. (-14 m.p.h.), and +4 km.p.h. (+2 m.p.h.).

The 1995 Geo Metro was equipped with both the driver and front right supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (25-year-old male) was normally postured with his seat track located between its middle and rearmost positions. The Metro was not equipped with a tilt steering wheel. He was restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview and medical records, minor injuries which included: a lumbar strain and contusions to his right knee and wrist. The right front passenger (4-year-old male) was abnormally postured (i.e., sitting upright toward the front of the seat with his head and torso turned to the left toward the driver). His seat track's position is unknown because the seat moves all the way forward whenever the right front door is open. He was improperly restrained by his available, active, three-point, lap and shoulder belt because the shoulder belt was positioned behind his torso. He sustained, according to his autopsy, fatal cervical and brain injuries which included: a transection of the spinal cord--at the medulla oblongata, with a complete atlanto-occipital dislocation; subarachnoid, intraventricular, and brain stem hemorrhages; and diffuse brain swelling. These injuries were caused by the front right air bag. The right front passenger was also struck by the front right air bag module's cover flap which resulted in a laceration to his larynx and thyroid and cricoid cartilages and abrasions and contusions to his chin and right cheek and neck. In addition, he sustained other brain, chest, abdomen, and integumentary injuries. The other rear passenger (21-year-old female) was abnormally postured (i.e., sitting upright in the center of the rear seat with her body angled slightly to the right, her back against the seat back, both feet on the floor, her right knee was against the right front seat back, her left knee against the left front seat back, her right hand holding the right rear passenger's hand, and her left hand on her lap). The rear seat was not adjustable. She was not restrained because there were no restraints available for the center of the rear seat. She sustained minor injuries which included: a sprain and a contusion to her right shoulder and a laceration to the bridge of her nose. The right rear passenger (2-year-old male) was normally postured. He was properly restrained in a child safety seat by the safety seat's harness and his available, three-point, lap and shoulder belt. He sustained minor injuries which included: a nasal fracture and some unspecified minor soft tissue injuries. Both rear passengers were impacted by the right front passenger as he was propelled into the back seat by his deploying front right air bag.

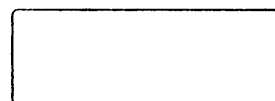
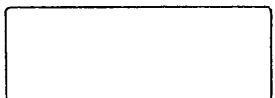
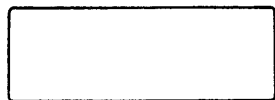
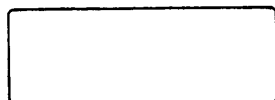
CRASH SCHEMATIC

TRC/IU CASE NO. 96-29

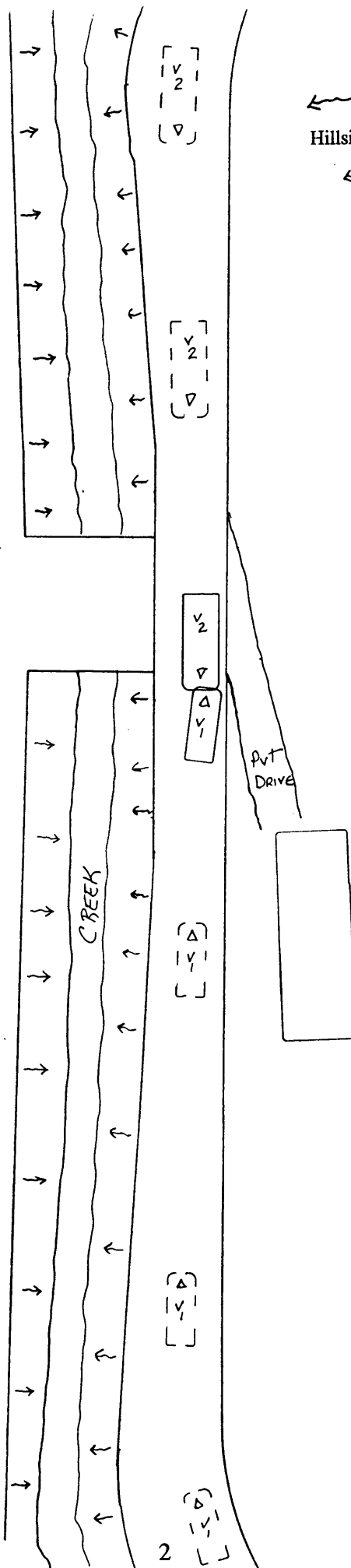
Hillside

Scale: 1 cm = 2.5 m
(prior to reduction @ 75%)

Road Surface: Asphalt
Road Condition: Snow/Ice
Curvature: Straight at impact, there was a right-hand curve for the Case Vehicle and an "S" curve for Vehicle #2
Grade, pre-impact= Level (i.e., < 2 %); actual grade is -0.7 % for the Case Vehicle and +0.6 % for Vehicle #2
Grade, at-impact Level (i.e., < 2 %); actual grade is -0.2 % for the Case Vehicle and +0.2 % for Vehicle #2



↑
Row of trailer homes



TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-29

FLEET - PRIVATE VEHICLE
LOCATION - KENTUCKY

ACCIDENT DATA

Location/Street:	County road
State:	Kentucky
Area/Type:	Rural, undeveloped {house trailers only}
Accident Date/Time:	[REDACTED], 1996 @ [REDACTED]
Investigating Police Agency:	[REDACTED]
Accident Type:	Car / Pickup - head-on
Occupant Injury Severity (air bag vehicle):	Transection spinal cord @ junction of medulla oblongata with atlanto-occipital dislocation (AIS-6)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Precipitating
Precipitation:	Snowing
Road Surface:	Snow covering ice
Temperature:	To be determined

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	County road	County road
Number of Travel Lanes:	Two	Two
Lane Width:	2.0 meters (6.6 feet)	2.0 meters (6.6 feet)
Surface Type:	Bituminous	Bituminous
Median:	None	None
Shoulders:	Unimproved, grass	Unimproved, grass

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel, dash, sunvisors, A"-pillars, side door surfaces
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at front and rear center positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	Not equipped
Anti-lock brakes:	Not equipped	Yes, rear brakes only
Defects:	None	None
Fleet:	Private vehicle	Company vehicle
Tow status:	Towed due to damage	Driven away

VEHICLE DAMAGE

EXTERIORDeployment Impact

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Event number:	One	One
Object Struck:	Vehicle #2	Case vehicle
Damage location		
Damaged Plane:	Front	Front
Vertical Location		
On Plane:	Bumper and above bumper	Bumper
Direct Begins:	At left bumper corner	At left bumper corner
Length Direct:	91.0 cm (35.8 in)	90.0 cm (35.4 in)
Field L:	135.0 cm (53.1 in)	180.0 cm (70.9 in)
C ₁ :	10.0 cm (3.9 in)	0.1 cm (0.0 in)
C ₂ :	11.0 cm (4.3 in)	0.1 cm (0.0 in)
C ₃ :	17.0 cm (6.7 in)	0.1 cm (0.0 in)
C ₄ :	16.0 cm (6.3 in)	0.1 cm (0.0 in)

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)**Case Vehicle****Vehicle #2****Deployment Impact** (Continued)

C ₅ :	11.0 cm (4.3 in)	0.1 cm (0.0 in)
C ₆ :	4.0 cm (1.6 in)	0.0 cm (0.0 in)
D:	-22.0 cm (-8.7 in)	-25.0 cm (-9.8. in)
Maximum Crush:	17.0 cm (6.7 in)	0.1 cm (0.0 in)
Location:	Between C ₃ and C ₄	Bumper
CDC:	12-FDEW-1 (-10)	12-FYLW-1 (360)
Damaged Components:	Front bumper, grille, hood, left fender, and left headlight assembly	Front bumper

INTERIOR

Damaged Components:	Driver and front right air bag modules, center dash, air vent in right dash, interior surface of right front door, glove box handle, and right sun visor	None
Other Evidence of Occupant Contact:	Left dash, windshield, roof, and backlite	None
Manual Restraint System Failures:	None	None
Seat Performance Failures:	None	None

REPAIR

Cost Estimate:	Unknown	Unknown
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VEHICLE VELOCITY ESTIMATES¹**Highest Delta "V"****Case Vehicle****Vehicle #2**

Reconstruction Program:	SMASH	SMASH
Program Algorithm:	Damage only	Damage only

¹ For the case vehicle, the SMASH reconstruction program indicates that the Delta V was approximately 23 km.p.h. (14 m.p.h.). The maximum change in velocity recorded by the Sensing Diagnostic Module (SDM) was 14.3 km.p.h. (8.89 m.p.h.); see APPENDIX B. The SMASH Delta V is based on the C-measurements reported above, where the C-values are an average of the above bumper and at bumper damage. The average value was used at C₂ and C₅ and bumper values at C₁, C₃, C₄, and C₆. This contractor believes that the difference between the two reported Delta Vs is that the SMASH results are high and the SDM results are more reasonable.

VEHICLE VELOCITY ESTIMATES (CONTINUED)

<u>Highest Delta "V" (Continued)</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Barrier Equivalent Speed:	23 km.p.h. (14 m.p.h.)	10 km.p.h. (6 m.p.h.)
Total Delta "V" ¹ :	23 km.p.h. (14 m.p.h.)	10 km.p.h. (6 m.p.h.)
Longitudinal Delta "V" ¹ :	-22 km.p.h. (-14 m.p.h.)	-10 km.p.h. (-6 m.p.h.)
Lateral Delta "V":	+4 km.p.h. (+2 m.p.h.)	0 km.p.h. (0 m.p.h.)

COLLISION SEQUENCE

The following is based on the Police Accident Report, interviews with both vehicle drivers and the investigating police officer, scene and vehicle inspections, occupant medical records, and this contractor's evaluation of the evidence.

PRE-CRASH: The case vehicle (Metro) had just exited a right-hand curve and was traveling northeast in the northbound lane of a narrow [i.e., 4 meters (13.1 feet) total roadway width at point of impact], ice and snow-covered, two-lane, undivided, county road and was intending to continue in its northward direction of travel. Vehicle #2 (K-1500 pickup) had just exited the right-hand portion of an "S"-curve and was traveling southwest in the southbound lane of the same narrow, ice and snow-covered roadway and was intending to continue in its southward direction of travel. The driver of the case vehicle braked (with lockup) and steered to the right. The case vehicle continued essentially straight ahead prior to impact. The driver of vehicle #2 braked, slowing the vehicle to a near stop. Vehicle #2 continued straight ahead prior to impact. The crash occurred in middle of the narrow roadway.

CRASH: The front of the case vehicle impacted the front left of vehicle #2 causing both the driver and front right supplemental restraint systems (air bags) to deploy. The case vehicle's frontal damage indicates that, other than the direct damage to the top 5 centimeters (2 inches) of the front bumper, the case vehicle essentially under rode the front of vehicle #2. The case vehicle remained in the roadway after impact and came to rest with its front bumper underneath vehicle #2's front bumper, heading northeast. Vehicle #2 also remained on the roadway after the impact and came to rest heading southwest.

POST-CRASH:

Occupants: All four of the case vehicle's occupants remained inside the vehicle at final rest. The driver and two rear seated passengers were conscious and all except the right rear passenger were able to exit the case vehicle without any assistance. The right rear passenger was helped from the case vehicle because of his age (i.e., two-years-old). The right front passenger was unconscious and was unable to exit the case vehicle because of his injuries. The case vehicle's driver and right front passenger were restrained by their available, active, three-point, lap and shoulder belts. However, the right front passenger had the shoulder belt

COLLISION SEQUENCE (CONTINUED)

POST-CRASH:

Occupants: (Continued)

portion of his safety belt behind his torso. The right rear passenger was properly restrained in a child safety seat by the safety seat's straps and his available three-point, lap and shoulder belt. In addition, the other rear seated passenger (seated in the center of the rear seat) did not have a restraint available and, thus, was not restrained. Vehicle #2's driver remained inside his vehicle at final rest, was conscious, and was able to exit vehicle #2 without assistance. In addition, he was restrained by his available, active, three-point lap and shoulder belt.

Police: The [REDACTED] was notified of the crash within seven minutes post-crash and arrived on-scene forty-two minutes later. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: All four of the case vehicle's occupants were transported by ambulance to a medical facility where all but the right front occupant were treated and released. The right front passenger was treated and pronounced dead one hour and five minutes post-crash.

The case vehicle's driver sustained minor injuries which included: a lumbar strain and contusions to his right knee and wrist. According to the autopsy records, the right front passenger sustained fatal cervical and brain injuries which included: a transection of the spinal cord--at the medulla oblongata, with a complete atlanto-occipital dislocation; subarachnoid, intraventricular, and brain stem hemorrhages; and diffuse brain swelling. These injuries were caused by the front right air bag. The right front passenger sustained a subdural (diffuse) hemorrhage and a right frontoparietal subscalpular contusion from contacting the sun visor. He sustained a cortical contusion to his occipital lobe most likely from impacting the backlite. The right front passenger was struck by the front right air bag module's cover flap which resulted in a laceration to his larynx and thyroid and cricoid cartilages and abrasions and contusions to his chin and right cheek and neck. In addition, the right front passenger sustained a laceration to the posterior right lobe of his liver, most likely from impacting the right knee bolster, and extensive right posterior rib fractures (i.e., 2-9, paravertebrally), a laceration to the right posterior lung--with hemothorax, a laceration to his spleen, and a fracture to the right clavicle from impacting the right front and rear seat backs. Finally, the right front passenger sustained abrasions and contusions to the middle lower abdomen and right lower back from his lap belt. The other rear occupant sustained a sprain and a contusion to her right shoulder and a laceration to the bridge of her nose as a result of being impacted by the right front passenger as he was propelled into the back seat by his deploying front right air bag. The right rear occupant sustained a nasal fracture and some unspecified minor soft tissue injuries most likely as a result of being struck by the right front passenger. According to the driver of vehicle #2, he did not sustain any injuries.

Removal: Following the police investigation, the case vehicle was towed from the scene, while vehicle #2 was driven away.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	25-year-old	46-year-old
Sex:	Male	Male
Height:	175 cm (69 in)	180 cm (71 in)
Weight:	93 kg (205 lbs)	107 kg (235 lbs)
Occupation:	Service Worker	Salesman
Active Restraint System/Usage:	Three-point lap and shoulder/Used	Three-point lap and shoulder/Used
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Vehicle inspection, interviewee, and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Not equipped
Usage Source:	Vehicle inspection and interviewee	Not applicable
Eyeglasses/contacts:	None	Not applicable
Vehicle Familiarity:	Six months, 10,461 km (6,500 mi) total	23 months, 9,656 km (6,000 mi) per year
Route Familiarity:	Daily	Daily
Trip Plan:	Relatives to hospital	Work to home
Manner of Leaving Scene:	Ambulance	Drove away
Type of Medical Treatment:	Treated and released	None

OTHER CASE VEHICLE

<u>PASSENGERS:</u>	<u>Right Front</u>	<u>Other Rear</u>	<u>Right Rear</u>
Age:	4-year-old	21-year-old	2-year-old
Sex:	Male	Female	Male
Height:	114 cm (45 in)	170 cm (67 in)	84 cm (33 in)
Weight:	18 kg (40 lbs)	104 kg (230 lbs)	15 kg (32 lbs)

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

OTHER CASE VEHICLE PASSENGERS:(Continued)

	<u>Right Front</u>	<u>Other Rear</u>	<u>Right Rear</u>
Active Restraint System/Usage:	Three-point lap and shoulder/Used, but shoulder belt worn behind torso	None available	Three-point lap and shoulder/Used with child safety seat
Usage Source:	Vehicle inspection, interviewee, medical and Police Accident Report	Vehicle inspection and interviewee	Vehicle inspection and interviewee
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	None available	None available
Usage Source:	Vehicle inspection and interviewee	Not applicable	Not applicable
Eyeglasses/contacts:	None	Not applicable	Not applicable
Manner of Leaving Scene:	Ambulance	Ambulance	Ambulance
Type of Medical Treatment:	Treated and pronounced dead at hospital 65 minutes post-crash	Treated and released	Treated and released

CASE VEHICLE DRIVER INJURIES²

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Strain, acute, lumbar	640678.1,8	3	Driver's side safety belt	{Probable}
Contusion {bruise} right wrist	790402.1,1	7	Center instrument panel ²	{Possible}
Contusion right knee, infrapatellar region	890402.1,1	3	Center instrument panel	{Probable}

² In this contractor's opinion, the contact mechanism for this injury was most likely the center instrument panel; however, the mechanism could have been the driver's air bag. If the exact location (i.e., ventral, dorsal, lateral, medial) of the wrist contusion was known, then this contractor would have had greater certainty in the injury mechanism.

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{3,4,5,6}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Transection ³ spinal cord at junction with medulla oblongata and complete atlanto-occipital dislocation	640274.6,6	1	Air bag, front right	{Certain}
Hemorrhage, subdural, thin and diffuse over cerebral convexities	140654.5,3	1	Front right sun visor/header area	{Probable}
Hemorrhage, brain stem, copious ⁴	140210.5,8	1	Air bag, front right	{Probable}
Hemorrhage, interventricular, copious ⁴	140678.4,9	1	Air bag, front right	{Probable}
Hemorrhage, subarachnoid, diffuse over cerebrum	140684.3,9	1	Air bag, front right	{Probable}
Contusion, small, cortical, right inferior proximal occipital lobe	140606.3,1	1	Rear door hatch	{Probable}
Brain swelling, widened flattened gyri ⁵ and narrowed sulci	140662.3,9	1	Air bag, front right	{Certain}
Laceration ⁶ right lung opposite of hilar surface with 350 ml of hemothorax retropleural	441430.3,1	1	Rear seat back support	{Probable}
Laceration, superficial, posterior right lobe liver at peritoneal reflection	541822.2,1	1	Right front knee bolster/dash	{Probable}
Laceration spleen opposite of hilar surface	544222.2,2	1	Front seat back support	{Possible}
Laceration/fractured, transmural ⁵ , larynx anteriorly involving 270 degrees of	340208.3,5	1	Front right air bag module's cover flap	{Certain}

³ The autopsy referred to this lesion as an "*internal decapitation*".

⁴ Copious means a large amount or abundant.

⁵ The following terms are defined in [REDACTED] as follows:
excoriations (eks-kor'e-a'shen): a scratch or abrasion of the skin.
fissure (fish'ar): any cleft or groove, normal or otherwise; especially a deep fold in the cerebral cortex which involves the entire thickness of the brain wall. Compare *sulcus*.
frenulum (fren'u-lam) pl. *frenula (fren'u-la)*: a small bridle; a general term for a small fold of integument or mucous membrane that checks, curbs, or limits the movement of an organ or part
f. of inferior lip, f. la'bii inferioris: the fold of mucous membrane on the inside of the middle of the lower lip, connecting the lip with the gums.
gyrus (ji'ras) pl. *gyri (ji'ri)*: one of the convolutions of the surface of the brain caused by infolding of the cortex.
sulcus (sul'kas) pl. *sul'ci (sul'si)*: a groove, trench, or furrow; a general term for such a depression, especially one of those on the surface of the brain, separating the gyri. Compare *fissure*.
transmural (trans-mu'ral): through the wall of an organ; extending through or affecting the entire thickness of the wall of an organ or cavity.

⁶ According to the autopsy, the lacerations and hemothorax was located at the fracture site.

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
circumference at level of true vocal cords involving the thyroid and cricoid cartilage anteriorly with copious ⁴ hemorrhage				
Fractures right 2nd through 9th ribs paravertebrally	450230.3,1	1	Rear seat back support	{Probable}
Fracture, complete, nondisplaced, right clavicle	752200.2,1	1	Rear seat back support	{Probable}
Contusion {hematoma} right frontoparietal subscalpular	190402.1,1	1	Front right sun visor/header area	{Certain}
Abrasions, 5.5 x 2 inches, lower right cheek including right fold of mouth and right angle of mandible with excoriations ⁵	290202.1,1	1	Front right air bag module's cover flap	{Certain}
Abrasion tip of chin	290202.1,8	1	Front right air bag module's cover flap	{Certain}
Abrasions right neck, underneath right cheek	390202.1,1	1	Front right air bag module's cover flap	{Certain}
Contusion over right angle of mandible	290402.1,1	1	Front right air bag module's cover flap	{Certain}
Contusion lower frenula ⁵	290402.1,8	1	Air bag, front right	{Probable}
Abraded contusion, 6.5 x 2.0 inches, anterior suprapubic abdomen with excoriations ³	590202.1,8	1	Right front lap belt	{Certain}
	590402.1,8	1	Right front lap belt	{Certain}
	690202.1,8	1	Right front lap belt	{Certain}
Abraded contusion, 3.6 x 2.9 inches, above right buttock in right lumbosacral area with excoriations ⁵	690402.1,8	1	Right front lap belt	{Certain}

CASE VEHICLE OTHER REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Sprain right shoulder	751020.1,1	3	Right front passenger	{Certain}
Contusion right shoulder	790402.1,1	7	Right front passenger	{Certain}
Laceration {scratch} bridge of nose	290602.1,4	7	Right front passenger	{Probable}

CASE VEHICLE RIGHT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Minor (soft tissue) injuries	990400.1,9	3	Right front passenger	{Possible}
Fractured nose	251000.1,4	7	Right front passenger	{Possible}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

CASE VEHICLE OCCUPANT KINEMATICS⁷

<u>DRIVER</u>	<u>Status</u>	<u>Source</u>
Posture:	Normal	Case vehicle's driver
Sitting:	Upright with his back against the seat back	Case vehicle's driver
Feet:	Both feet on the brake	Case vehicle's driver
Hands/arms:	Both hands on the steering wheel, bracing	Case vehicle's driver
Seat Track Location ⁷ :	Middle Between its middle and rearmost positions	Case vehicle's driver Vehicle inspection
Seat Back Location:	Upright	Case vehicle's driver and vehicle inspection
Tilt Steering Wheel:	Not equipped	Case vehicle's driver and vehicle inspection
Restraint Usage:	Restrained by available, active, three-point, lap and shoulder belt	Case vehicle's driver, vehicle inspection, and medical records

⁷ This contractor determined that the seat track was between the middle and rearmost positions.

CASE VEHICLE OCCUPANT KINEMATICS⁸ (CONTINUED)**DRIVER** (Continued)

According to the case vehicle's driver, he braked and tried to steer to the right, attempting to avoid the crash. Due to the icy road conditions and the case vehicle's locked braking, the driver's steering response was not effective and decelerative response only slightly effective. As a result of these attempted avoidance maneuvers, the lack of friction between the case vehicle's tires and the roadway, and the use of his available safety belts, he most likely moved slightly forward just prior to impact.

Based on the vehicle inspection and occupant kinematic principles, the case vehicle's primary impact with vehicle #2 not only deployed the driver's side air bag, but thrust the driver forward and slightly upward. The driver's forward thrust was greatly reduced by his restraint usage and the relatively low speed of the crash, thus preventing the driver from being seriously injured. An inspection of the driver's seat belt webbing and "D"-ring revealed evidence of loading on both (see **SELECTED PHOTOGRAPHS #35, #36, and #38**). An inspection of the driver's air bag and air bag module's top and bottom cover flaps revealed no visible evidence of contact; see **SELECTED PHOTOGRAPHS #32 through #34**. The interior vehicle inspection revealed what appeared to be a contact to the left lower dash (see **SELECTED PHOTOGRAPH #31**); although, the driver's medical mentions only a contusion to his right knee. As a result of the driver side air bag's deployment [nonadjustable tilt steering wheel (i.e., center position)], he was knocked back into his seat.

Based on the interview with the case vehicle's driver and the on-scene photos which show the two vehicles still together post-crash--with minimal, if any, rotation, the driver's only movement from impact to final rest was rebounding forward after contacting his seat back. The driver's posture at final rest was close to his original seating position prior to bracing for the crash.

RIGHT FRONT PASSENGER**Status****Source**

Posture:	Abnormal	Case vehicle's driver ⁸ (father) and other rear passenger (mother), inte- rior vehicle inspection, and medical records
Sitting:	Upright with his head and torso turned to the left	Case vehicle's driver and medical records
Feet:	His left leg was posi- tioned on the seat on its medial side with his left foot sticking out over the seat toward the driver;	Case vehicle's driver

⁸ According to the case vehicle's driver (i.e., father), he was not sure of this occupants posture but only that he had buckled him in his seat.

CASE VEHICLE OCCUPANT KINEMATICS^{9,10} (CONTINUED)**RIGHT FRONT PASSENGER**

(Continued)

	<u>Status</u>	<u>Source</u>
Feet: (Continued)	right foot was hanging down over the seat front	
Hands/arms:	Both hands in lap	Case vehicle's driver
Seat Track Location ⁹ :	Middle forward-most	Case vehicle's driver Vehicle inspection
Seat Back Location:	Upright	Case vehicle's driver and vehicle inspection
Restraint Usage:	Restrained by the avail- able, active, three-point, lap and shoulder belt, but the shoulder belt was behind ¹⁰ his torso	Case vehicle's driver, vehicle inspection, and medical records

As a result of the case vehicle's attempted avoidance maneuver (i.e., braking and steering), the improper use of his available safety belts, and the presumption that there was a "good" amount of slack in the safety belts because of the improper usage, the right front passenger moved forward and slightly upward (i.e., braking) toward the dash just prior to impact.

When the case vehicle's front bumper contacted and under rode the bumper of vehicle #2, the impact sequence began that resulted in the deployment of the front right air bag. Because of the under riding nature of the impact, the air bag deployed late¹¹ in the impact sequence allowing this occupant to move even closer to the air bag module. Eventually, the impact pulse not only deployed the front air bag, but thrust the right front passenger forward and upward--leading with his right side. The right side of the right front passenger's head was either on top of or immediately in front of the front right air bag module when deployment occurred. His lower torso (right side toward dash) was partially restrained by the lap belt portion of his three-point restraint. The deploying, top-mounted, air bag module's cover flap caught the right front passenger on the right side of his neck. The cover flap lacerated his larynx and thyroid and cricoid cartilages and abraded his chin and right neck and cheek. The air bag's upward and outward excursion impacted into the right front passenger's cervical region causing the atlanto-occipital

⁹ This contractor determined that the location of the seat track was unknown. During the vehicle inspection the seat was found one notch from the forward-most position; however, when the right front seat back lever is released, the seat track automatically slides forward enabling a rear occupant to exit the vehicle. The seat track was most likely moved in the forward-most position prior to our vehicle inspection.

¹⁰ Based on the interview with the case vehicle's driver and the physical evidence (i.e., belt abrasion and bruising to lower abdomen and right lower back, but nothing to his upper torso), this occupant was improperly wearing his restraint by having the shoulder portion behind his back.

¹¹ The Sensing Diagnostic Module (SDM) indicated that the case vehicle's air bags deployed 32.5 milliseconds after the collision was first detected by the SDM (requires a "2g" load to begin recording). The under riding type impact increased the change in time (Delta T) over which the change in speed (Delta V) occurred.

CASE VEHICLE OCCUPANT KINEMATICS (CONTINUED)

RIGHT FRONT PASSENGER (Continued)

dislocation and transecting his spinal cord, which lead to his death. As the air bag continued to unfold, the right front passenger was propelled forward (by the vehicle's deceleration) and lifted upward by the expanding air bag. At the point that the child was deflected upward; his lap belt abraded and contused his mid-lower abdomen and right lower back (see **SELECTED PHOTOGRAPHS #96 through #98**). Photographs **#97** and **#98** show a distinct transverse mark across the lower right back indicating the lap belt's interaction in trying to halt his forward movement followed by downward abrading as the child moved rapidly upwards. The right front passenger's head was initially lifted upward against the windshield and subsequently impacted the right sun visor breaking and deforming it; see **SELECTED PHOTOGRAPHS #57 through #60**. As the air bag continued to expand, it propelled the right front passenger backwards over the right front seat where he contacted the roof (see **SELECTED PHOTOGRAPH #61**) and most likely the front seat back before traveling over the seat and impacting the rear occupants, rear seat back, hatch, and backlite; see **SELECTED PHOTOGRAPHS #62 through #67**. Based on the interview with the other rear passenger (i.e., his mother), he struck her face, breaking her eye-glasses, and struck his brother's face causing a bloody nose and other head and soft tissue injuries. An inspection of the front right air bag revealed a large amount of skin on the top portion of the air bag. In addition, there appeared to be blood and skin transfers on the front right air bag module's cover flap; see **SELECTED PHOTOGRAPHS #47 through #51**.

Based on the interview with the case vehicle's driver and other eyewitnesses, at final rest the right front passenger's upper torso ended up in the hatchback area laying on his right side with his lower extremities laying against the back of the right rear child's safety seat.

OTHER REAR PASSENGER**Status****Source**

Posture:	Abnormal	Case vehicle's other rear passenger
Sitting:	Upright angled slightly to the right with her back against the seat back	Case vehicle's other rear passenger
Feet:	Both feet on the floor with legs spread so her right knee was against the right front seat back, and her left knee against the left front seat back	Case vehicle's other rear passenger
Hands/arms:	Right hand holding the right rear passenger's hand and her left on her lap	Case vehicle's other rear passenger
Seat Track Location:	Not adjustable	Case vehicle's driver and vehicle inspection

CASE VEHICLE OCCUPANT KINEMATICS (CONTINUED)

OTHER REAR PASSENGER

(Continued)

	<u>Status</u>	<u>Source</u>
Seat Back Location:	Not adjustable	Case vehicle's driver and vehicle inspection
Restraint Usage:	No restraint available	Case vehicle's driver, other rear passenger, and vehicle inspection

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and steering right) and the unavailability/nonuse of safety belts, this passenger moved slightly forward just prior to impact, pressing her knees against both front seat backs.

Based on the vehicle inspection and occupant kinematic principles, the case vehicle's primary impact with vehicle #2 thrust the other rear passenger forward and slight upward causing her to be pushed against both front seat backs. Subsequently, she was struck in the face by the right front passenger, breaking her eyeglasses, as he was thrown backwards toward the back hatch area. The impact with the right front passenger caused this passenger's right shoulder sprain and contusion and minor nasal laceration. In addition, she was knocked backwards into her seat back. The Delta V for this occupant was significantly less than for the two front seat passengers.

At final rest this occupant could not recall her exact seating position but felt she was essentially close to her original seating position.

RIGHT REAR PASSENGER

	<u>Status</u>	<u>Source</u>
Posture:	Normal	Case vehicle's driver and other rear passenger (i.e., father and mother, respectively)
Sitting:	Upright in his child safety seat with his back against the safety seat's seat back	Case vehicle's driver and other rear passenger
Feet:	Both hanging down	Case vehicle's driver and other rear passenger
Hands/arms:	Left hand in the other rear passenger's (i.e., mother's) hand, right arm on the shield	Case vehicle's driver and other rear passenger
Seat Track Location:	Not adjustable	Case vehicle's interviewees and vehicle inspection

CASE VEHICLE OCCUPANT KINEMATICS (CONTINUED)

RIGHT REAR PASSENGER

(Continued)

	<u>Status</u>	<u>Source</u>
Seat Back Location:	Not adjustable	Case vehicle's interviewees and vehicle inspection
Restraint Usage:	Restrained by the available, active, three-point, lap and shoulder belt used properly with a Century 300 series child safety seat	Case vehicle's interviewees, vehicle inspection, and medical records

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and steering right) and the proper use of the child safety seat, this passenger most likely barely moved forward just prior to impact.

Based on the vehicle inspection and occupant kinematic principles, the case vehicle's primary impact with vehicle #2 caused the right rear passenger to move forward and slightly upward loading the harness of his child safety seat. The right rear passenger's forward movement was greatly reduced by his restraint usage and the relatively low speed of the crash, thus preventing the him from being seriously injured. Subsequently, she was struck in the face by the right front passenger, as he was thrown backwards toward the back hatch area. The impact with the right front passenger caused this passenger's bloody nose, nasal fracture, and minor soft tissue injuries. This impact to the right rear passenger's face would have caused this occupant's head to be knocked backwards into the child seat. Once again, the Delta V for this occupant was significantly less than for the two front seat passengers.

At final rest this occupant was essentially in his original seating position because he was secured in the child safety seat.

AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>FRONT RIGHT AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Width: 65 cm (25.6 in) Height: 56 cm (22.1 in)	Width: 48 cm (18.9 in) Height: 49 cm (19.3 in)
Number of Vent Holes:	Two	None
Vent Hole Diameter:	3.5 cm (1.4 in)	Not applicable
Vent Hole Clock Positions:	Approximately 10 and 2 o'clock	Not applicable

AIR BAG SYSTEM (CONTINUED)

	<u>DRIVER AIR BAG</u>	<u>FRONT RIGHT AIR BAG</u>
Number of Air Bag Tethers:	Two, each 9 cm (3.5 in) wide	None
Number of Air Bag Module Cover Flaps:	Two	One
Upper Cover Flap Dimensions:	Width: 15 cm (5.9 in) Height: 6 cm (2.4 in)	Width: 35 cm (13.8 in) Height: 16 cm (6.3 in)
Lower Cover Flap Dimensions:	Width: 15 cm (5.9 in) Height: 8 cm (3.2 in)	Not applicable
Distance between Dash and leading (i.e., closest) edge of Module's Cover Flap:	Not applicable	5 cm (2.0 in)
Generant Residue:	No unusual amount found	No unusual amount found
Location:	Not applicable	Top-mounted

No Supplemental Inflatable Restraint (SIR) system codes were stored in memory (i.e., no malfunctions). The air bag deployed 32.5 milliseconds after the collision was first detected by the Sensing Diagnostic Module (SDM). The maximum change in velocity (Delta V) the SDM recorded was 14.31 km.p.h. (8.89 m.p.h.); see **APPENDIX B**.

Appendix A:

SMASH PROGRAM RESULTS

(DAMAGE ONLY ALGORITHM

-- INCLUDING

BARRIER EQUIVALENT SPEEDS)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9629

Case No.-Stratum

01

Accident Event
Sequence No.

1 1

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

01
1995

GED

metro

3H

12 FDEW2

0 10

0 35

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

02
1994

chevrolet

K-1500 SILVERADO

PU

12 F4LW1

± 00

0 210

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

820 + 230 + 2 = 1052 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

236 cm

379 cm

159 cm

1.0L

FWD

1

1

VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

2113 + 107 + 91 = 2311 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

359 cm

573 cm

196 cm

5.7L

4WD

6

8

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

135 Y cm

0 22 cm

C1 10 cm

C2 11 cm

C3 17 cm

C4 16 cm

C5 11 cm

C6 4 cm

VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

180 Y cm

0 25 cm

C1 0.1 cm

C2 0.1 cm

C3 0.1 cm

C4 0.1 cm

C5 0.1 cm

C6 0 cm

National Accident Sampling System-Crashworthiness Data System: SMASH Program Summary

SCENE INFORMATION

Rest and Impact Positions ☐ No ☐ Yes

VEHICLE 1

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE 2

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ Yes

FRICTION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option

1

Vehicle 1 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

Vehicle 2 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and Attach the appropriate
damage sketch and dimensions to the form.

Summary of Results Using Damage

Special Crash Investigations, TRC/IU 96-29, Task 0072

Speed Change
(Damage)

Vehicle #1

Total	23 km/h (14 mph)
Longitudinal	-22 km/h (-14 mph)
Latitudinal	4 km/h (2 mph)
PDOF Angle	-10 °
Energy Dissipated	= 21211 Joules (15642 Ft-Lb)
Barrier Equivalent Speed	= 22.7 km/h (14.1 mph)

Calculated using size and stiffness categories.

Vehicle #2

Total	10 km/h (6 mph)
Longitudinal	-10 km/h (-6 mph)
Latitudinal	0 km/h (0 mph)
PDOF Angle	0 °
Energy Dissipated	= 10196 Joules (7519 Ft-Lb)
Barrier Equivalent Speed	= 10.4 km/h (6.5 mph)

Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
Year	1995	1994
Make	Geo	Chevrolet
Model	Metro	K-1500, 4x4
CDC	12FDEW2	12FYLW1
Side Damaged	F	F
PDOF Angle	-10 °	0 °
Heading Angle	35 °	210 °

Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	1	6
Stiffness Category	1	8
Vehicle Weight	1052 kgs (2319 lbs)	2311 kgs (5095 lbs)

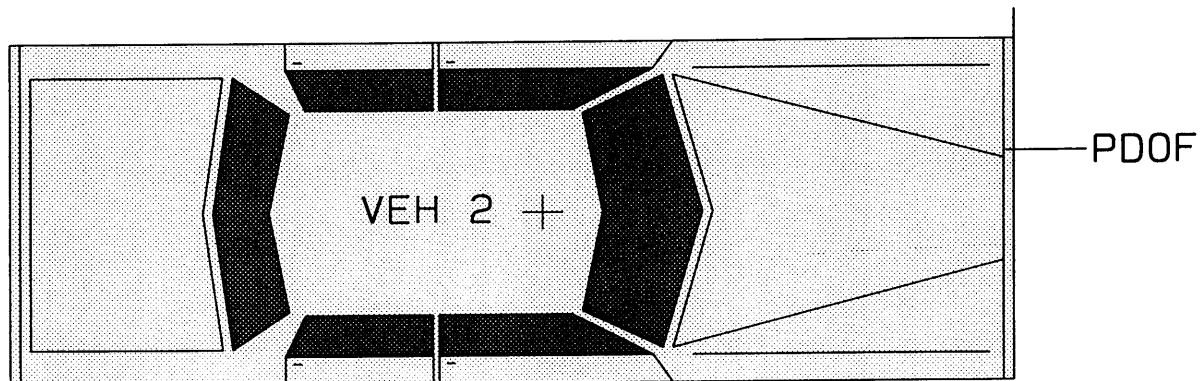
Damage Information

	Vehicle #1	Vehicle #2
	Yes	Yes
Vehicle Damage Known		
Crush Length	135.0 cm (53 in)	180.0 cm (71 in)
C1	10.0 cm (4 in)	0.1 cm (0 in)
C2	11.0 cm (4 in)	0.1 cm (0 in)
C3	17.0 cm (7 in)	0.1 cm (0 in)
C4	16.0 cm (6 in)	0.1 cm (0 in)
C5	11.0 cm (4 in)	0.1 cm (0 in)
C6	4.0 cm (2 in)	0.0 cm (0 in)
D	-21.9 cm (-9 in)	-24.9 cm (-10 in)
D'	-24.9 cm (-10 in)	-33.6 cm (-13 in)

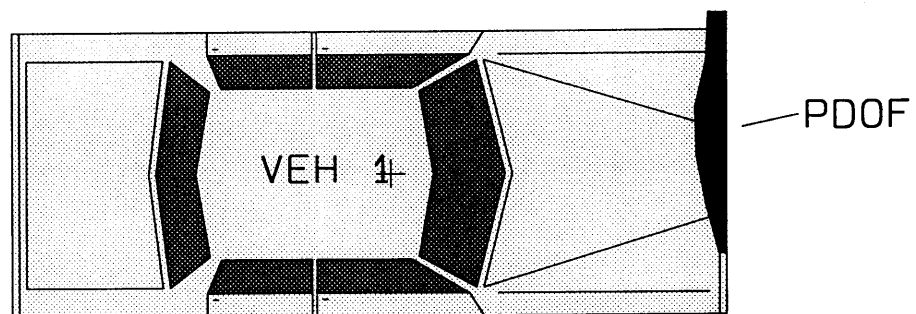
Vehicle Dimensions

	Vehicle #1	Vehicle #2
Length	379.0 cm (149 in)	573.0 cm (226 in)
Width	159.0 cm (63 in)	196.0 cm (77 in)
Wheelbase	236.0 cm (93 in)	359.0 cm (141 in)
Weight	1052 kgs (2319 lbs)	2311 kgs (5095 lbs)
CG to Front of Veh	193.0 cm (76 in)	264.7 cm (104 in)
Engine Displacement	1.0 liters	5.7 liters
Moment of Inertia	136519 kgs (12084 lbs)	685500 kgs (60675 lbs)
Vehicle Mass	1052 kgs (6.0 lb-s ² /in)	2311 kgs (13.2 lb-s ² /in)

1994 Chevrolet K-1500, 4x4



1995 Geo Metro



Appendix B:

LETTER FROM [REDACTED]

DETAILING THE RESULTS OF AN INSPECTION OF

THE CASE VEHICLE'S

SENSING DIAGNOSTIC MODULE (SDM)

[REDACTED]
[REDACTED] Engineering Centers
Vehicle Development Methodology & Labs
Product Analysis

[REDACTED] 1997

[REDACTED]
IU / TRC
[REDACTED]
[REDACTED] Indiana [REDACTED]
[REDACTED]

Re: 1995 Chevrolet / GEO Metro Vehicle
VIN: 2C1MR2266S6 [REDACTED]

Dear [REDACTED]

This letter is in response to your request that [REDACTED] provide information about the data stored in the Sensing Diagnostic Module (SDM) of the subject vehicle.

In [REDACTED] 1997, Mr. [REDACTED] of ESIS [REDACTED] Claims Unit printed the data stored by the SDM in the subject vehicle as part of his investigation regarding the accident that occurred on [REDACTED] 1996. The SDM is the electrical component of the Supplemental Inflatable Restraint (SIR) system that functions to diagnose and record SIR information. The following information was determined through analysis and interpretation of the SDM data.

- * The SDM recorded and stored a CRASH EVENT which contains the following information:
 - The SIR Warning Light was OFF at the time of the deployment.
(no malfunctions)
 - The SIR Warning Light was not ON prior to the accident.
(no malfunctions)
- [REDACTED]

- There were no SIR system codes stored in memory.
(no malfunctions)
- The air bags deployed 32.5 milliseconds after the collision was first detected by the SDM.
- The maximum change in velocity (Delta V) the SDM recorded was 8.89 mph.
- Normal criteria were met which caused the SDM to command the deployment of the air bags. This included the forward Auxiliary Discriminating Sensor (ADS) and the SDM Arming Sensor to close during the collision event.
- The accident occurred on ignition cycle number [REDACTED]. This is three (3) cycles prior to when the SDM was read on [REDACTED]/97 [REDACTED]
- This was the first Deployment Crash Event for this vehicle.
- The drivers seat belt was unlatched at the time the deployment occurred.

INCORRECT! See NOTE below.

In addition to the deployment CRASH EVENT, the SDM also stored a Near-Deployment Event that occurred sometime during the same ignition cycle [REDACTED]. The maximum Delta V for this event was 0.11 mph. The driver seat belt was also unlatched during this event.

Please do not hesitate to contact me if you have any questions.

Regards,

[REDACTED]
[REDACTED] Product Analysis

cc. [REDACTED] Legal Staff

[REDACTED]

NOTE: According to a telephonic conversation, on [REDACTED] 1997, with the [REDACTED] Claims Unit personnel that downloaded the SDM data; the hexadecimal value that recorded the driver seat belt usage in certain SDM units was incorrectly interpreted; therefore, in this crash the driver was belted at the time of the deployment.

Appendix C:

SELECTED PHOTOGRAPHS

A total of one hundred color copies of photographs are presented and referenced as Photograph #01 through Photograph #100. Photographs numbered #04, #05, #07 through #09, #14 through #16, #30, #41, and #68 were taken and made available by the [REDACTED] Police. Photographs #91 through #100 were taken and made available by the applicable [REDACTED]. The remainder of these photographs were taken by the Transportation Research Center.



01: Case Vehicle's northward travel path in right-hand curve of narrow northbound lane approximately 45 meters (148 feet) southwest of impact (i.e., red cone)



02: Case Vehicle's northeastward travel path approximately 30 meters (98 feet) southwest of impact (i.e., red cone); NOTE: ditch with culvert on west roadside



03: Case Vehicle's northeastward (i.e., straight) travel path approximately 10 meters (33 feet) from impact (i.e., red cone); NOTE: ditch and culvert toward west



04: On-scene view looking northeastward at final rest position of Case Vehicle and Vehicle #2 in narrow roadway



05: On-scene view looking east-northeastward at Case Vehicle and vehicle #2 at final rest in narrow ice and snow covered roadway



06: Northeastward view of Case Vehicle's and Vehicle #2's final rest area (i.e., red cone); NOTE: Vehicle #2 had just exited right-hand portion of an "S"-curve



07: On-scene east-northeast view of Case Vehicle and vehicle #2 at final rest; NOTE: both vehicles together at final rest position and offset nature of impact



08: On-scene eastward close-up view of Case Vehicle and vehicle #2 at final rest; NOTE: offset nature of impact and Vehicle #2's override



09: On-scene northward view of Case Vehicle and Vehicle #2 at final rest; NOTE: left three-fourth's of Case Vehicle's front sustained direct damage



10: Southwestward view of Case Vehicle's pre-crash travel path from right-hand curve to impact (i.e., red cone)



11: Vehicle #2's southwestward travel path in left-hand portion of "S"-curve, in narrow southbound lane ~40 meters (131 feet) north of impact (i.e., red cone)



12: Vehicle #2's southwestward travel path in right-hand portion of "S"-curve, in southbound lane ~25 meters (82 feet) north of impact (i.e., red cone)



13: Vehicle #2's southwestward (i.e., straight) travel path in narrow southbound lane approximately 20 meters (66 feet) north of impact (i.e., red cone)



14: On-scene southwestward view in southbound lane of Vehicle #2's and Case Vehicle's final rest position approximately 20 meters (66 feet) north of impact



15: On-scene westward view of Case Vehicle and Vehicle #2 at final rest position;
NOTE: offset nature of impact



16: On-scene northwestward view of Case Vehicle and Vehicle at final rest; NOTE:
offset nature of impact and Vehicle #2's override



17: Southward view of crash debris in ditch on east roadside near point of impact



18: Northeastward view at Vehicle #2's southwestward travel path through "S"-curve from point of impact area



19: Case vehicle's damaged front with contour gauge present; NOTE: direct damage goes from left bumper corner to yellow tape (cell D6)



20: Close-up of direct damage to Case Vehicle's front bumper and hood; NOTE: headlights not broken



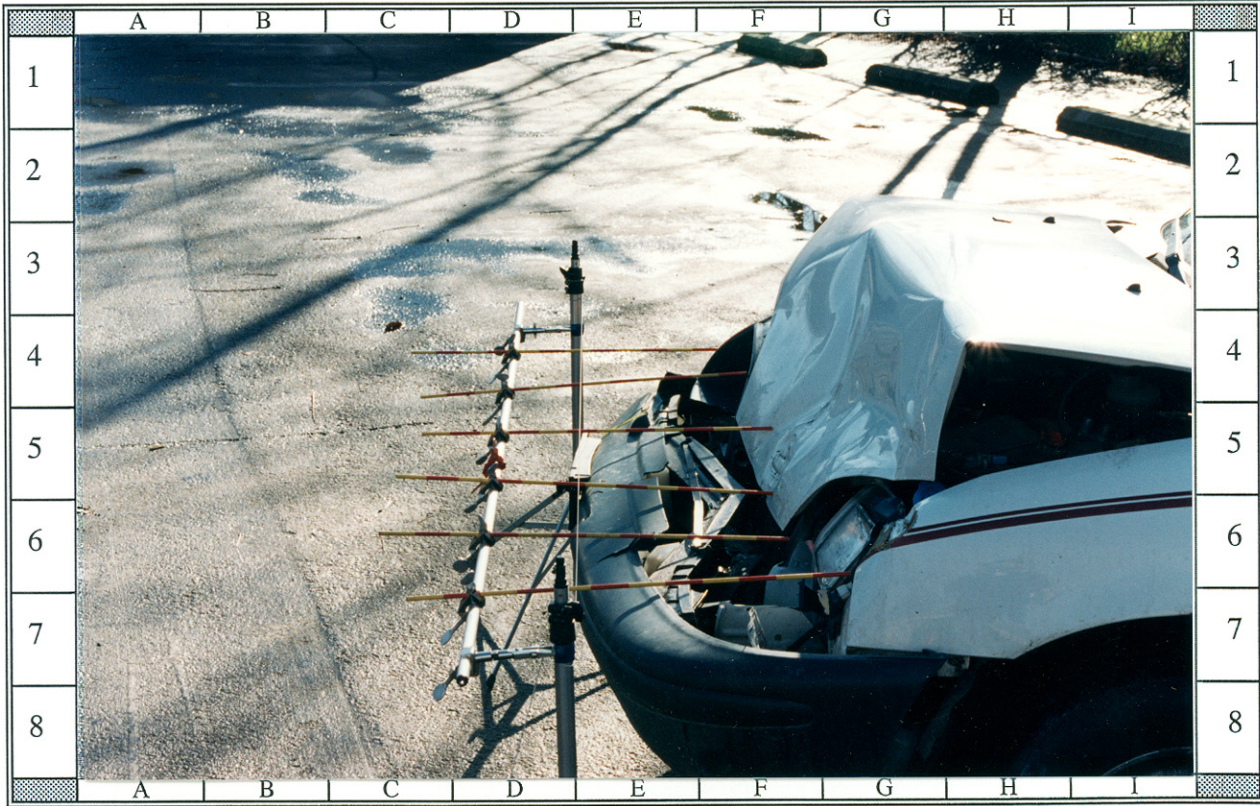
21: Overhead view of Case Vehicle's front damage profile; NOTE: underride damage pattern and offset impact configuration (e.g., along hood)



22: Case Vehicle's frontal damage with contour gauge present viewed from approximately 30 degrees left of front



23: Reference line view from left of Case Vehicle's frontal damage with contour gauge at bumper level; NOTE: rods indicate crush at bumper reinforcement bar



24: Reference line view from left of Case Vehicle's frontal damage with contour gauge above bumper level



25: Case Vehicle's undamaged back and left side viewed from approximately 30 degrees left of back



26: Case Vehicle's undamaged back and right side viewed from approximately 45 degrees right of back

Case Vehicle: 1995 Geo Metro, 3-Door Hatchback, FWD, 4-Passenger, 1.0 L (61 in³) I-3 EFI



27: Reference line view from right of Case Vehicle's frontal damage with contour gauge at bumper level; NOTE: rods indicate crush at bumper reinforcement bar



28: Case Vehicle's frontal damage with contour gauge present viewed from approximately 30 degrees left of front



29: Interior view from outside driver's door of Case Vehicle's front seating area showing interior surface of driver's door and deployed front air bags



30: On-scene interior view from outside driver's door of Case Vehicle's front seating area showing deployed front air bags

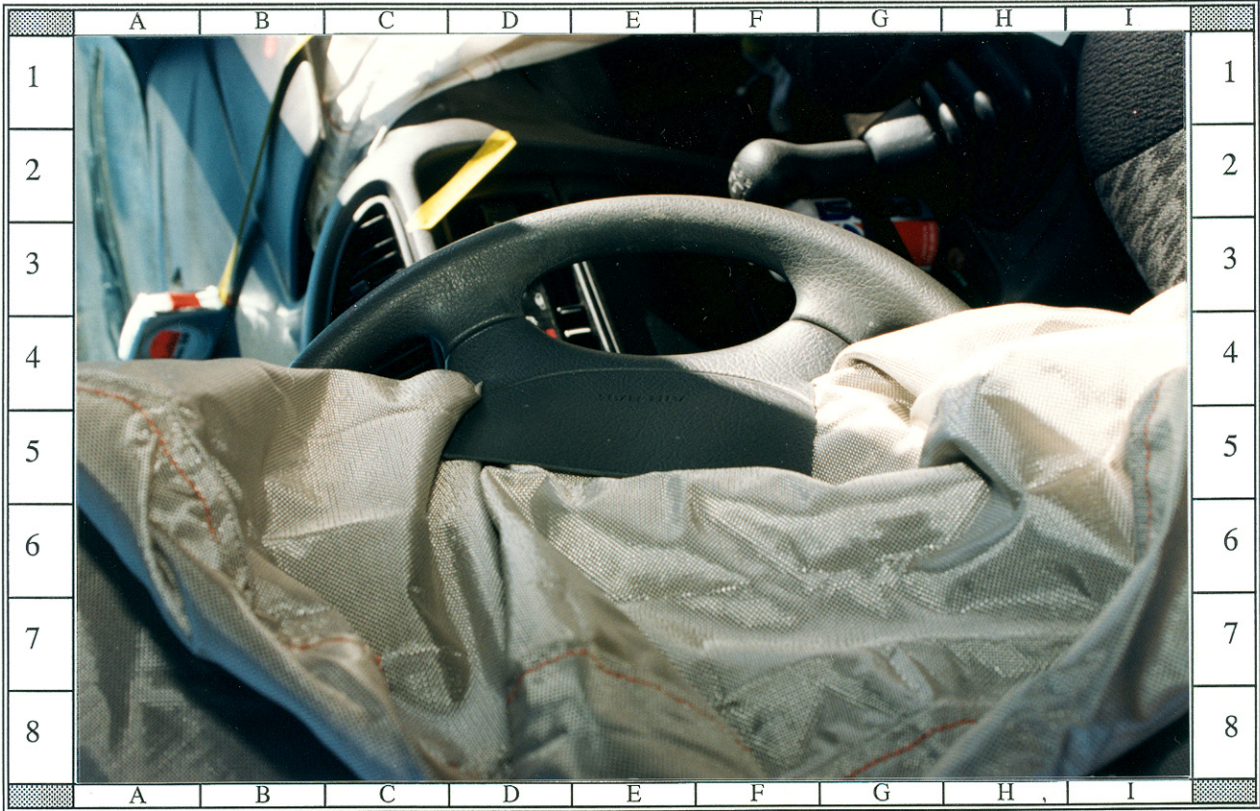
Case Vehicle: 1995 Geo Metro, 3-Door Hatchback, FWD, 4-Passenger, 1.0 L (61 in³) I-3 EFI



31: Case Vehicle's driver seating area showing possible knee contact (i.e., red dot) to bolster, deployed driver side air bag, and chipped top cover flap



32: Vertical view of Case Vehicle's driver side air bag module's top cover flap showing no visible contact evidence to chipped flap and two vent holes



33: Vertical view of Case Vehicle's driver side air bag module's bottom cover flap showing no visible contact evidence; NOTE: manual transmission selector lever



34: Close-up of Case Vehicle's deployed driver air bag showing no visible evidence of contact



35: Interior view of Case Vehicle's driver side seatbelt webbing and "D"-ring showing evidence of loading on "D"-ring from webbing material



36: Vertical exterior view of Case Vehicle's driver side seatbelt webbing and "D"-ring showing loading evidence (abrasion) D-ring



37: Latch plate from Case Vehicle's driver side seatbelt showing evidence of previous usage



38: Case Vehicle driver side seatbelt webbing showing evidence (i.e., crease in webbing above tape) of loading during crash



39: Vertical view of Case Vehicle's center console and dash and greenhouse area;
NOTE: tape on windshield from right front passenger's contact



40: Interior view from outside Case Vehicle's right front door showing deployed front air bags and front seating area; NOTE: no visible contact evidence to air bag



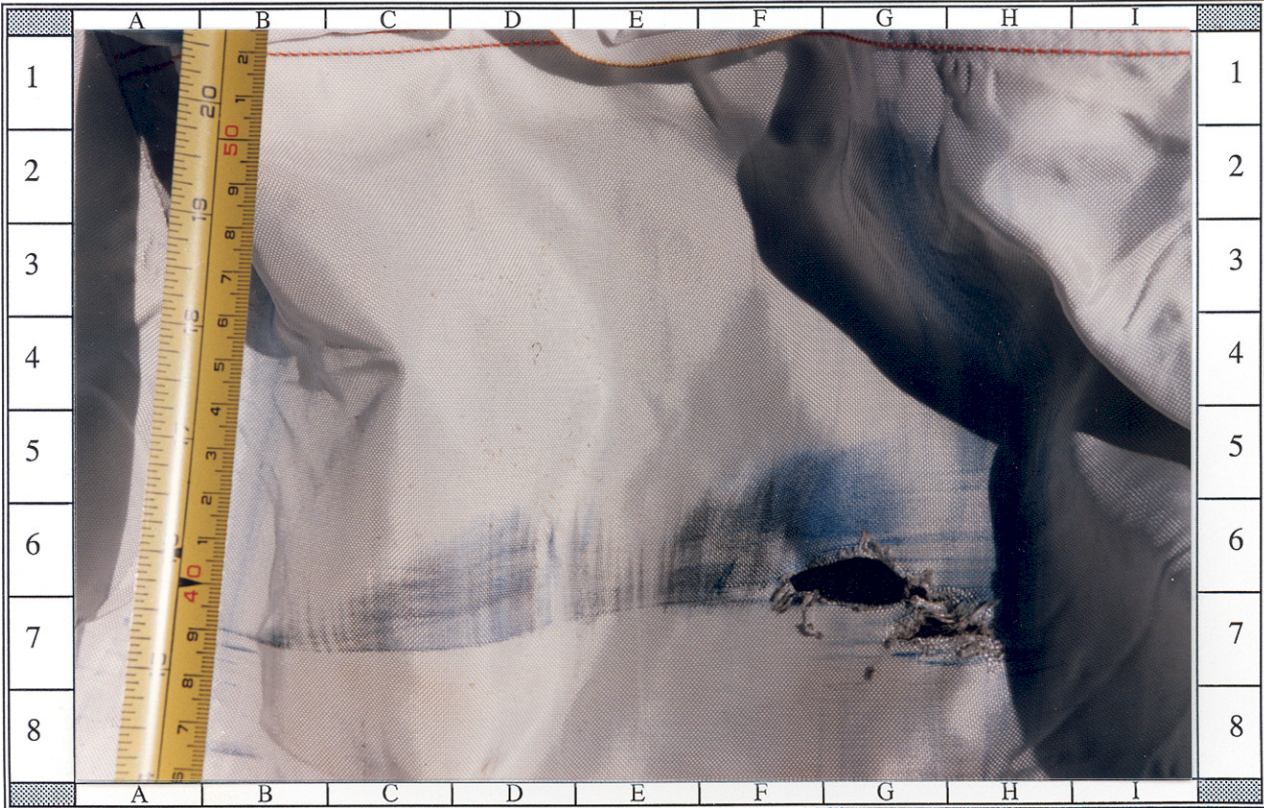
41: On-scene interior view from outside Case Vehicle's right front door showing deployed air bags and front seating area



42: Close-up of brush abrasion to interior surface of Case Vehicle's right front door from deploying front right air bag



43: Overhead view of top of Case Vehicle's deployed front right air bag; NOTE: evidence of contact (i.e., cloth transfer) and tear to air bag



44: Close-up of tears and cloth transfer to top of Case Vehicle's deployed front right air bag; NOTE: skin particles to left of tears



45: Close-up of mounting screws inside of Case Vehicle's front right air bag module;
NOTE: screws responsible for air bag tears



46: Case Vehicle's front right air bag module's cover flap showing direct contact
(i.e., skin and blood transfers) most likely from right front passenger's right hand



47: Close-up of Case Vehicle's front right air bag module's cover flap showing direct contact (i.e., skin and blood transfers)



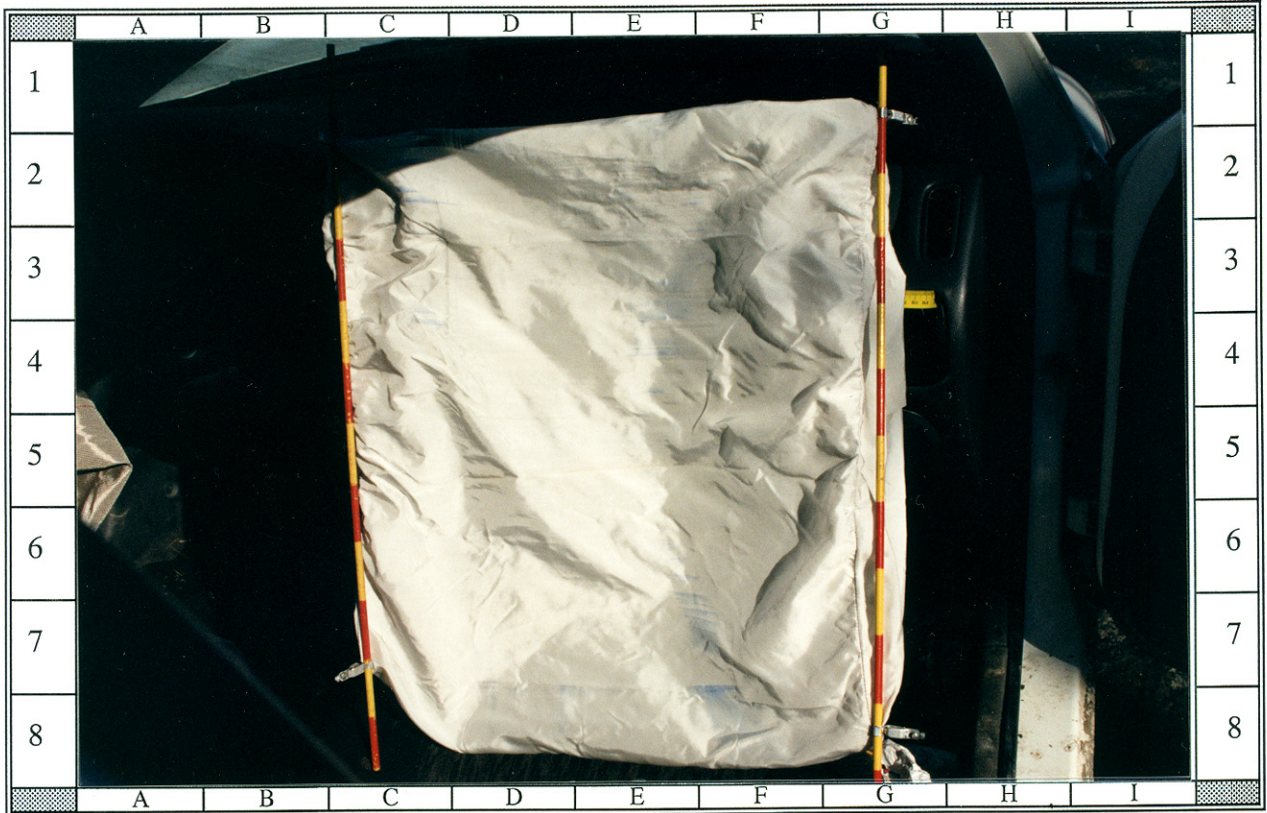
48: Left side of Case Vehicle's front right air bag module's cover flap showing contact by right front passenger's chin and right cheek



49: Close-up of skin transfer to top portion of Case Vehicle’s front right air bag



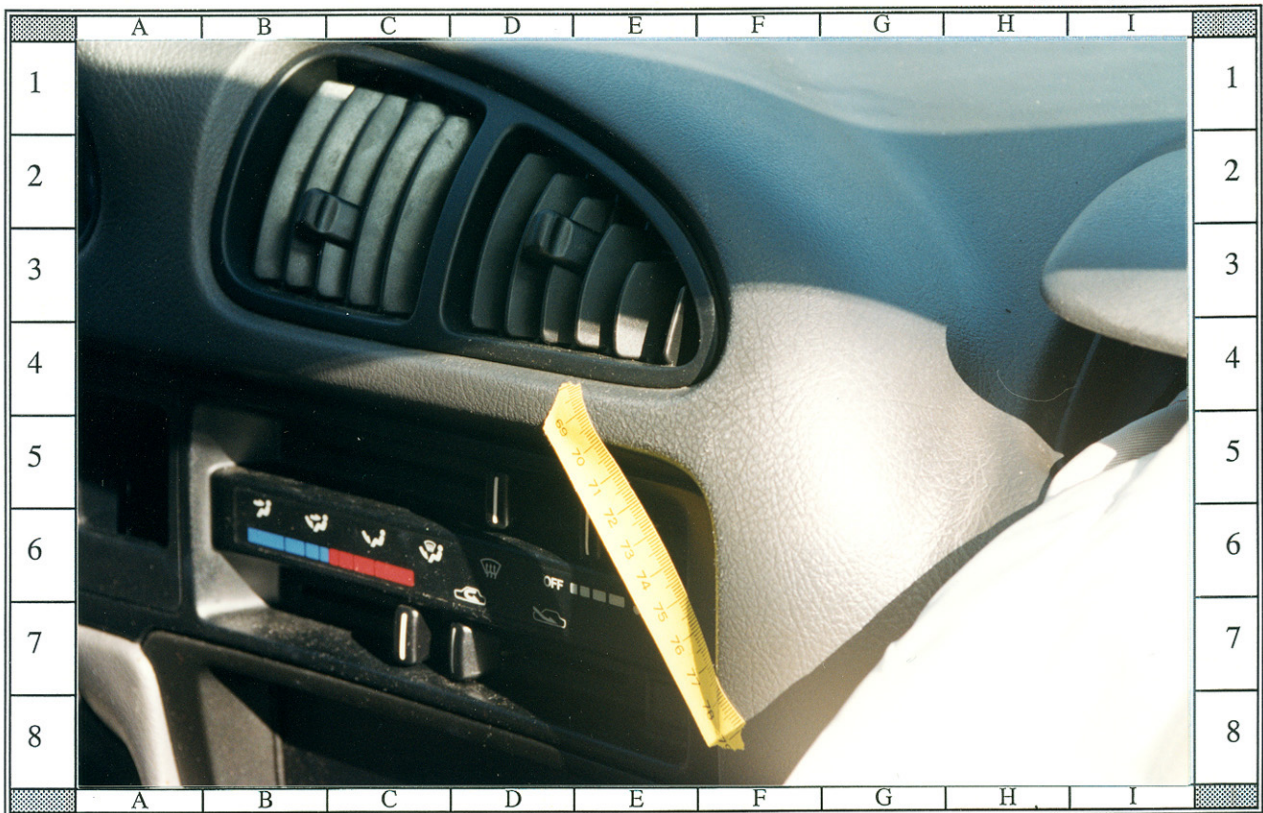
50: Close-up of skin, cloth transfer, and oil smear (i.e., transverse brown streak) to the left of a small tear on outer top of Case Vehicle’s front right air bag



51: Front surface of Case Vehicle's front right contacted air bag; NOTE: only blue cloth transfers are visible (e.g., see cells F2--F8)



52: Case Vehicle's contacted right dash and glovebox; NOTE: brush abrasion to center dash, near center air vent, and broken right air vent



53: Close-up of brush abrasion to surface of Case Vehicle's center dash from front right air bag's deployment combined with loading by right front passenger



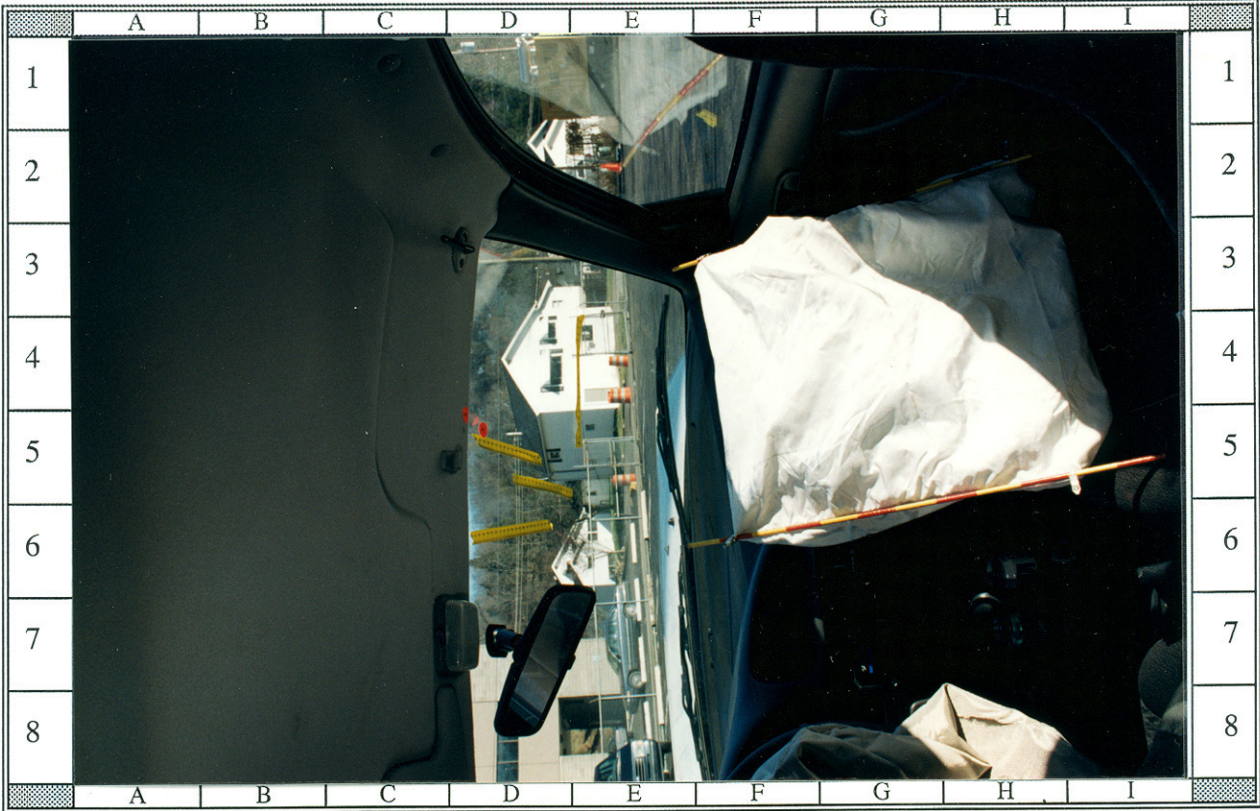
54: Close-up of Case Vehicle's contacted knee bolster and glovebox on right front passenger side; NOTE: blood spot above small piece of tape



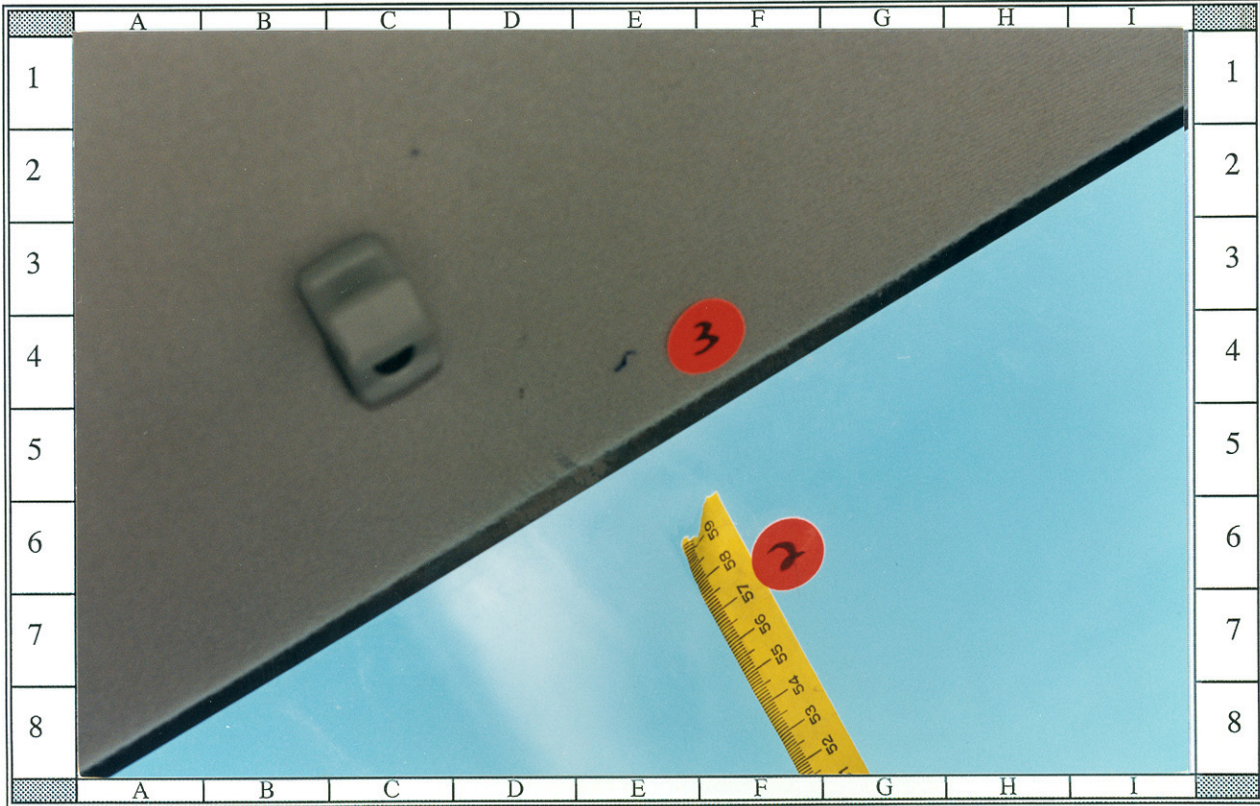
55: Close-up of air vent in Case Vehicle's right dash which was broken by occupant contact



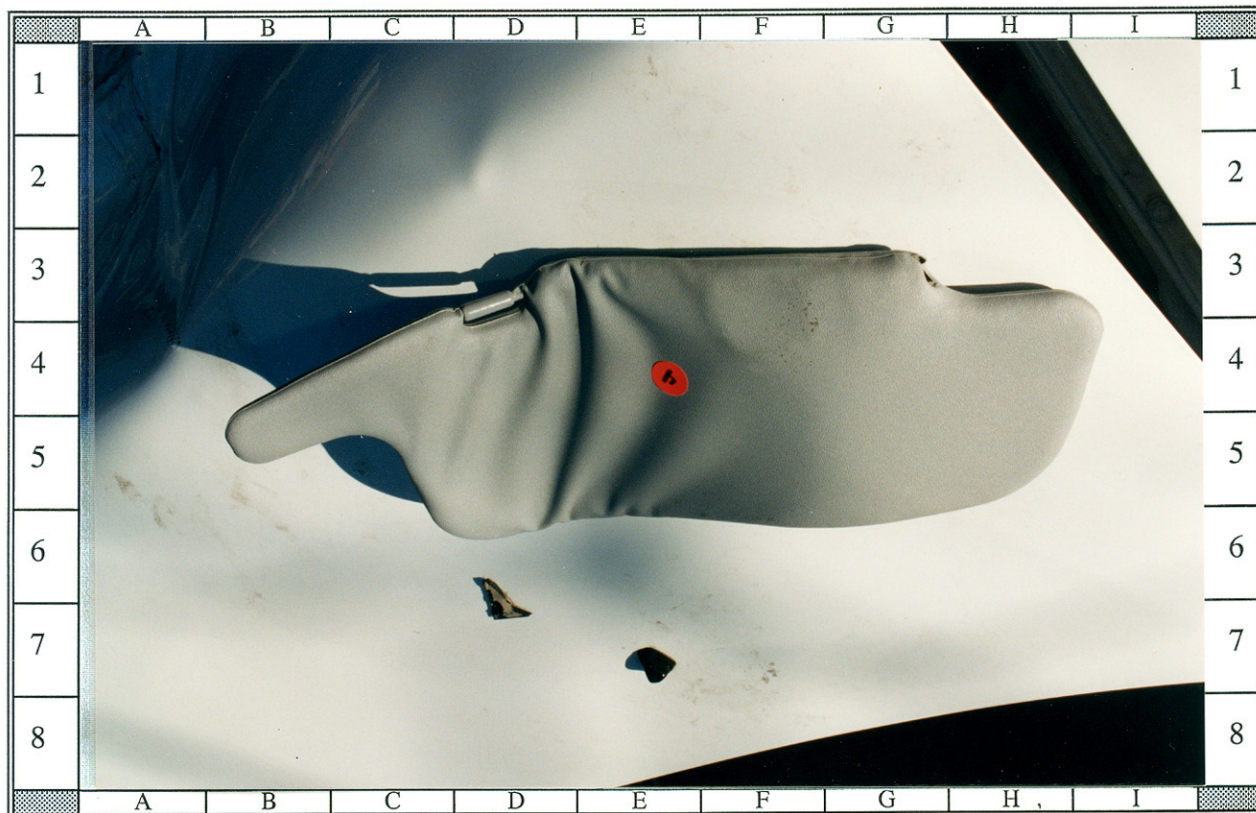
56: Close-up of broken lever from Case Vehicle's glovebox



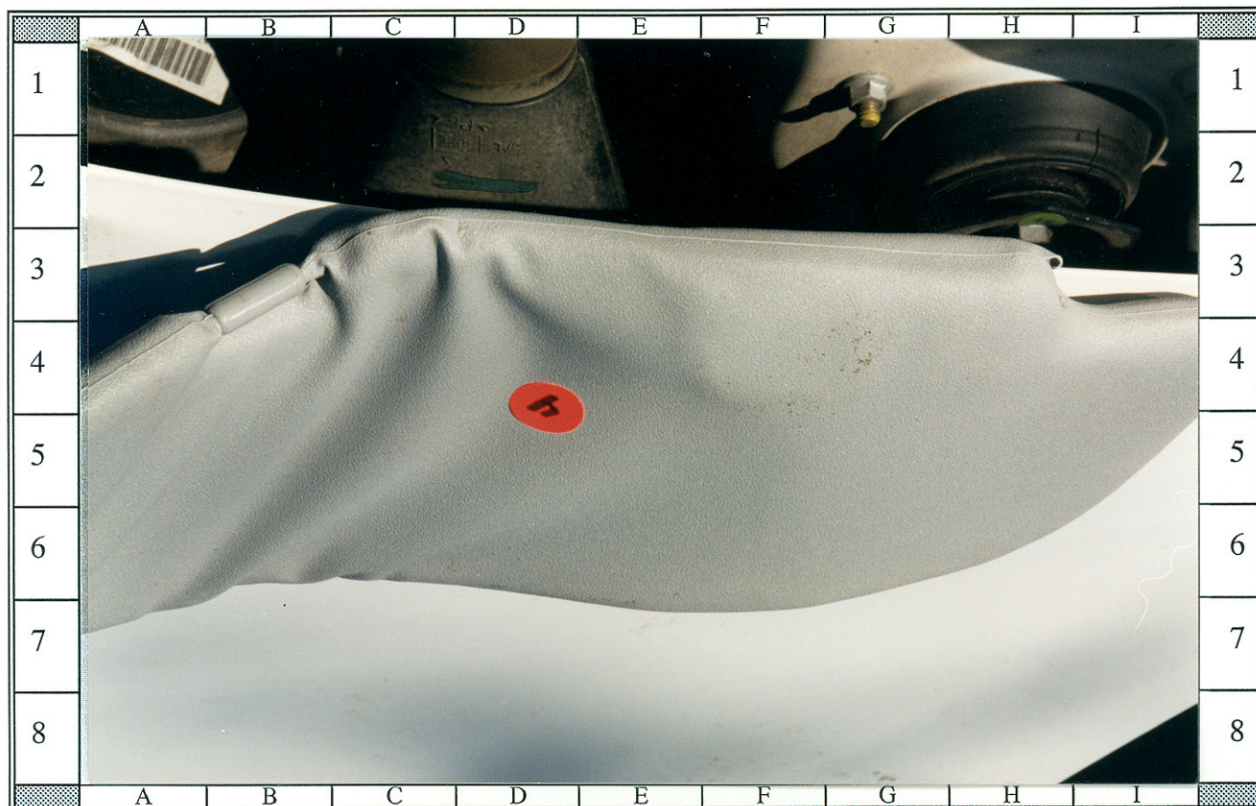
57: Vertical view of Case Vehicle's right front seating area and greenhouse; NOTE: contact evidence to windshield and knocked off sunvisor



58: Close-up of contact evidence to Case Vehicle's right front windshield and header area near broken off sunvisor



59: Close-up view of backside of Case Vehicle's contacted and broken off right front sunvisor; NOTE: skin evidence to right of red dot



60: Closer-up view of backside of Case Vehicle's contacted and broken off right front sunvisor; NOTE: skin evidence to right of red dot



61: Case Vehicle's roof looking from windshield toward backlight showing roof contact (i.e., near tape) from right front passenger



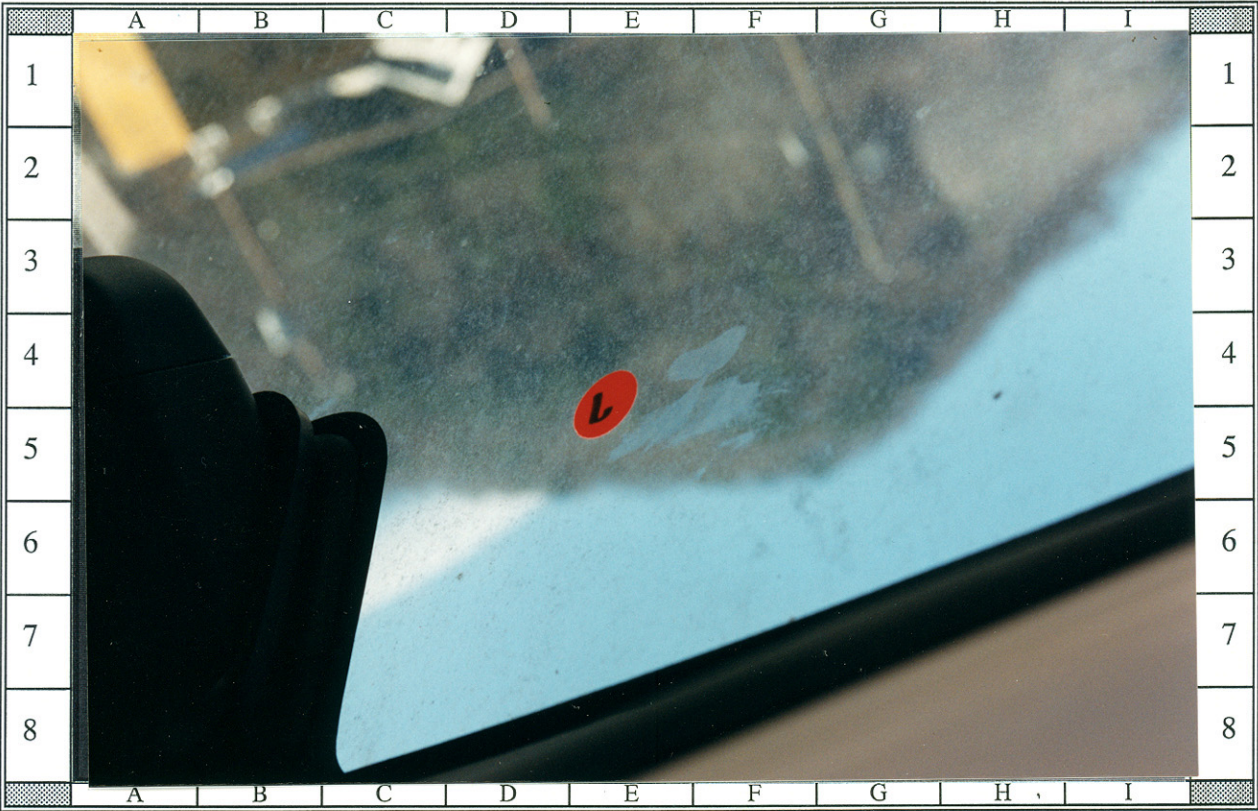
62: Case Vehicle's rear hatch and backlight showing contact evidence from right front passenger



63: Vertical close-up view of contact evidence on Case Vehicle's backlight and hatch from right front passenger



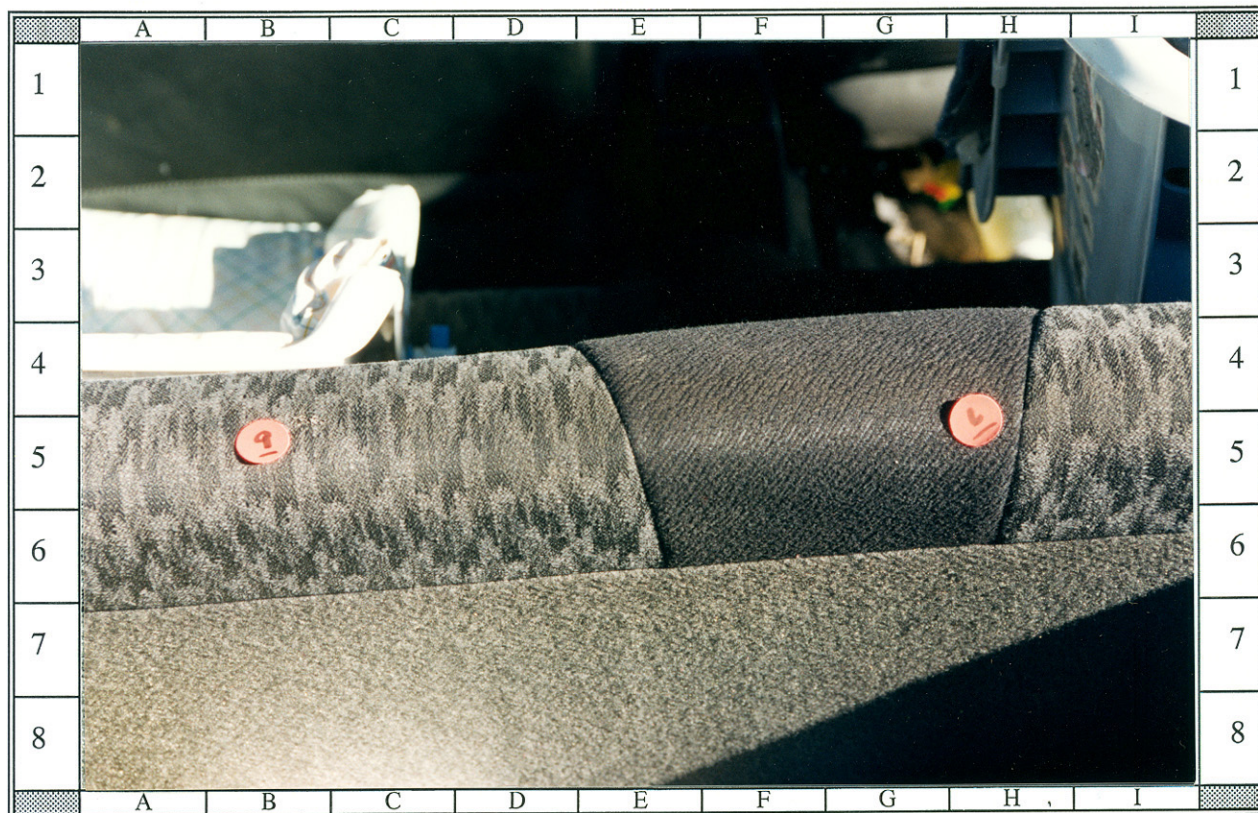
64: Closest-up view of skin and grease evidence to back hatch from right front passenger



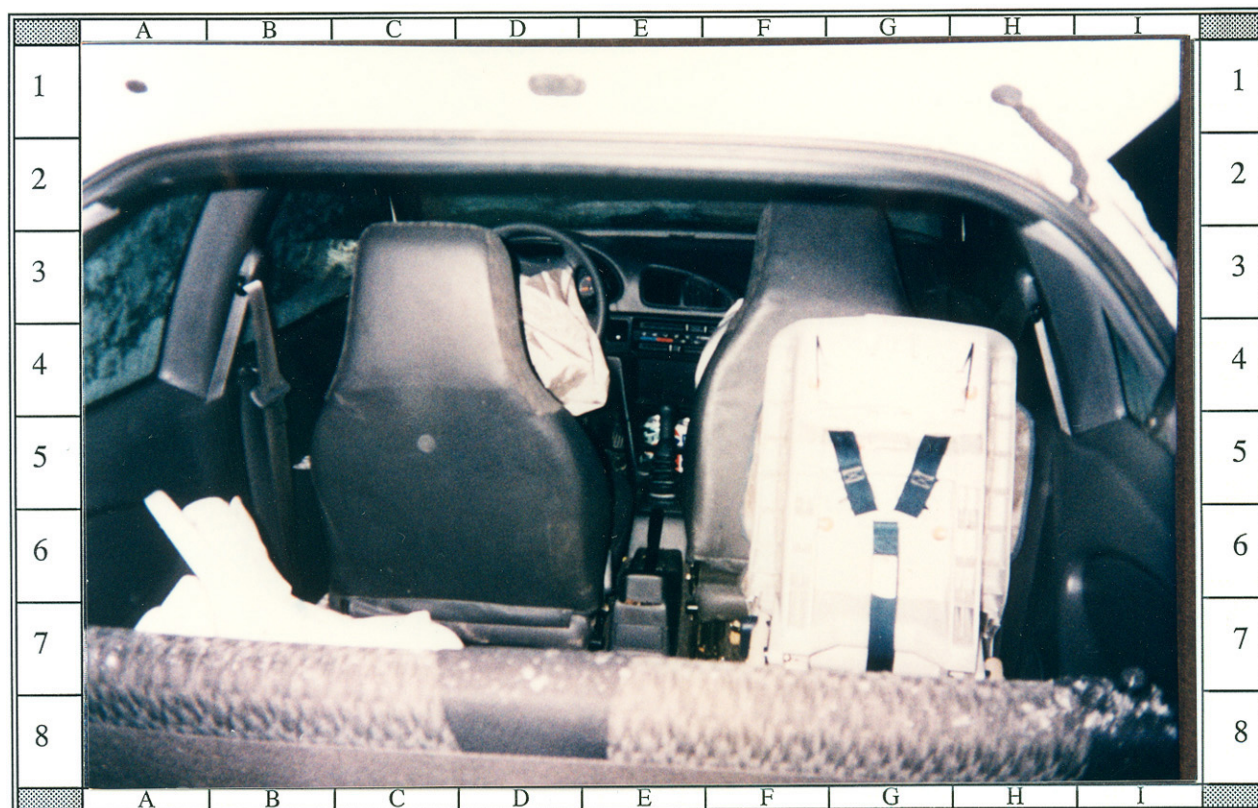
65: Close-up view of grease smear to Case Vehicle's backlight



66: Case Vehicle's back hatch area from right; NOTE: red dots indicate contact evidence



67: Backside of Case Vehicle's rear seat showing skin evidence (i.e. red dots)

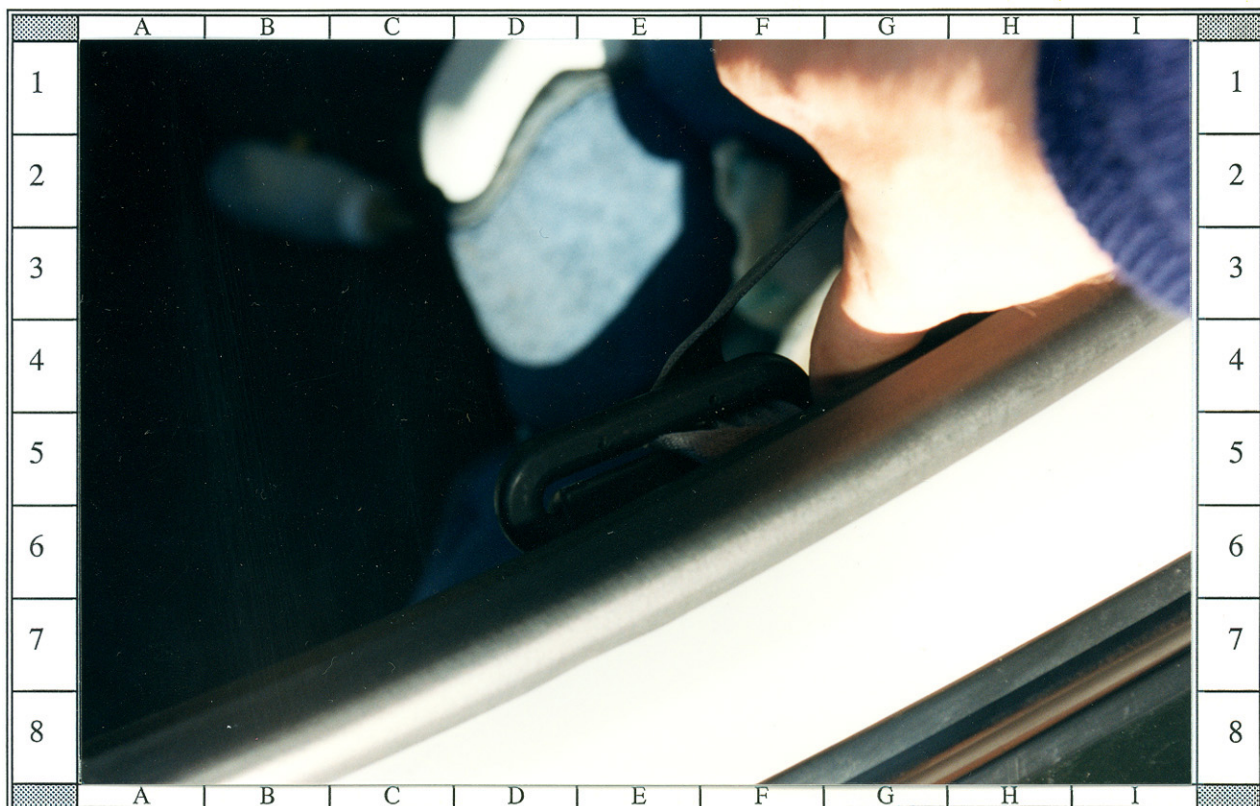


68: On-scene view of backside of Case Vehicle's rear seat, driver's seat, and child safety seat

Case Vehicle: 1995 Geo Metro, 3-Door Hatchback, FWD, 4-Passenger, 1.0 L (61 in³) I-3 EFI



69: Front of Case Vehicle's right front seatbelt latch plate showing evidence of usage but no evidence of loading



70: Vertical view of Case Vehicle's right front "D"-ring showing no definite evidence of loading



71: Case Vehicle's rear seating area viewed from right front door; NOTE: outboard three-point lap and shoulder belts and integral front head restraints



72: Case Vehicle's rear seating area viewed from driver's door; NOTE: center rear passenger's broken eyeglasses on seat



73: Close-up of broken eyeglasses belonging to Case Vehicle’s center rear passenger who was struck by right front passenger when thrown into rear seat by air bag



74: Case Vehicle’s interior viewed from rear of front seatbacks; NOTE: possible contact to driver’s seatback from center rear passenger



75: Vehicle #2's front damage (i.e., highlighted by yellow tape); NOTE: no contour gauge used due to minimal deformation



76: Close-up of direct damage to Vehicle #2's front bumper and left bumper guard



77: Close-up of Vehicle #2's front bumper level damage viewed from approximately 45 degrees left of front



78: Vehicle #2's front frontal damage at bumper level and undamaged left side viewed from approximately 45 degrees left of front



79: Vertical reference line view from left of Vehicle #2's frontal damage



80: Vehicle #2's undamaged left side and back viewed from approximately 45 degrees left of back



81: Vehicle #2’s undamaged right side and back viewed from approximately 30 degrees right of back



82: Vertical reference line view from right of Vehicle #2’s frontal damage



83: Vehicle #2's frontal damage viewed from approximately 30 degrees right of front



84: Close-up of Vehicle #2's front bumper level damage (i.e., highlighted by yellow tape) viewed from approximately 45 degrees right of front



85: Interior view of Vehicle #2's front seating area and steering column; NOTE: no evidence of contact found to interior



86: Vertical view of Vehicle #2's driver seating area including steering wheel and column, sunvisor, and header area



87: Vehicle #2's undeformed steering wheel and left and center dash; NOTE: automatic transmission selector lever



88: Vehicle #2's front seating area and dash viewed from outside right front passenger door; NOTE: front seat has restraints for three passengers



89 Vehicle #2's rear seat viewed from right; NOTE: front outboard integral head restraints and 3-point lap and shoulder belts for rear outboard seats (see cell C3)



90: Vehicle #2's rear seat viewed from left; NOTE: no head restraints for rear seat and 3-point lap and shoulder belts for outboard seats (see cell F3)

WARNING

The following five pages contain photographs with graphic detail
which show the tragic consequences of a motor vehicle crash!

“GRAPHIC” PHOTOGRAPHS AND IMAGES

The following “GRAPHIC” Photographs and Images have been removed from this case.

Photo's # 91-100

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

ON-SITE AIR BAG INVESTIGATION

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-29
FLEET - PRIVATE VEHICLE
LOCATION - KENTUCKY
ACCIDENT DATE [REDACTED], 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
Associate Scientist

[REDACTED], 1997

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

POLICE ACCIDENT REPORT

CASE No. [REDACTED]

DET. [REDACTED]

INVESTIGATION:

[REDACTED], THE OPERATOR OF [REDACTED] CAME DOWN TO THE [REDACTED] HOSPITAL AND REQUESTED A BLOOD AND URINE TEST TO BE DONE ON him TO SHOW EVERYONE HE DIDN'T HAVE ANY DRUGS IN HIS SYSTEM. [REDACTED] SENT THIS BA KIT TO THE LAB.

THE [REDACTED] CORONER [REDACTED] MET ME AT THE [REDACTED] HOSPITAL. WE TOOK PHOTOS OF [REDACTED] AND HE EXAMINED THE BODY. THERE WAS A BRUISE ON THE STOMACH OF [REDACTED] APPX. $1\frac{1}{2}$ INCHES BELOW HIS NAVEL. THERE ALSO WAS A BRUISE ON THE BACK NEXT TO THE BUTTOCK ON THE LOWER PART OF THE BACK.

ON [REDACTED], [REDACTED] -96 AT APPX.

0900 HRS. I MET [REDACTED] AT [REDACTED]. [REDACTED] WORKED FOR THE [REDACTED] AT THE [REDACTED] INDIANA.

CASE NO. [REDACTED]

DET. [REDACTED]

INVESTIGATION:

[REDACTED] STATED
his son ^{could have} COULD'VE TAKEN THE SEAT BELT OFF
BUT IF HE DID HE DIDN'T KNOW IT.

I NEXT INTERVIEWED [REDACTED]
[REDACTED] AT THE [REDACTED] HOSPITAL

ON [REDACTED], [REDACTED]-96 AT APPX. 1945 HRS.
SHE STATED SHE DIDN'T KNOW IF HER
SON THAT GOT KILLED HAD A SEAT BELT ON
OR NOT. SHE STATED SHE KNOW HE WAS
SITTING IN THE FRONT PASSENGER SEAT
UPFRONT WITH HER HUSBAND. SHE STATED
WHEN THE AIR BAG CAME OUT IT ^{knocked} ~~knocked~~
HER SON, [REDACTED] TO THE REAR OF THE CAR
KNOCKING OFF HER GLASSES AND HITTING
THE OTHER SON IN THE FACE. SHE
STATED SHE WAS SITTING IN THE MOOR
IN THE BACK AND HER OTHER SON
WAS ⁱⁿ ON A CAR SEAT ON HER RIGHT SIDE.
I ASKED HIGE [REDACTED] IF HE
WOULD CONSENT TO A BLOOD AND URINE
SAMPLE TO SEND TO THE LAB AND, HE
STATED HE WOULD AND I SENT IT TO
THE LAB TO BE TESTED.

[REDACTED]

CASE NO. [REDACTED]
[REDACTED]

INVESTIGATION:

ON [REDACTED] 96 AT APPX.

1740 HRS. [REDACTED] Dispatcher contacted me AT home AND ADVISED ME I had been ASSIGNED A SATALITY ON [REDACTED]. I CAME [REDACTED] AT APPX.

1800 HRS. I STARTED TO [REDACTED] BUT SGT. [REDACTED] ADVISED ME

TO GO TO THE [REDACTED] AND CONTACT THE PEOPLE INVOLVED IN THE ACCIDENT. I ARRIVED AT THE

[REDACTED] HOSPITAL ON [REDACTED] - 96 AT APPX. 1845 HRS. I IMMEDIATELY CONTACTED THE [REDACTED] AMBULANCE SERVICE ATTENDANTS, [REDACTED] AND [REDACTED]

I OBTAINED A COPY OF THEIR MEDICAL REPORT AND ENCLOSED IT IN MY CASE REPORT. I NEXT INTERVIEWED [REDACTED]

[REDACTED] AND HIS STATEMENT IS ALSO ENCLOSED IN MY CASE REPORT.

[REDACTED] STATED HIS BACK, ARM AND LEG WAS HURTING HIM.

[REDACTED] STATED HE PUT ^{a seat} ASPAT BELT ON HIS SON, [REDACTED]

WITNESSES: ON separate sheetsSTOLEN PROPERTY: DNAOTHER PROPERTY: DNA

marked?

EVIDENCE & HOW MARKED: Seat belt from 1995 Geo Metro - marked -
Two pieces of clothing - marked -
- sent to LAB.EVIDENCE DISPOSITION: + - sent to LAB
BA sent to LAB, film sent to LAB.

INVESTIGATION: (USE WHITE RULED PAD)

STATUS: OpenATTACHMENTS: DNA

OFFICER

Badge No.

Pages

Time Spent

DATE

Reviewed By
UOR4B (9/84)

UOR-2 WORKSHEET

ORI [REDACTED]

Case No. [REDACTED]

TITLE OF INVESTIGATION Death Investigation

Violation Code [REDACTED]

SYNOPSIS: ON [REDACTED] 96 [REDACTED] WAS
APPARENTLY KILLED IN AN ACCIDENT ON THE RIGHT FORK OF
[REDACTED]MODUS OPERANDI: ON [REDACTED] 96 [REDACTED] WAS
INVOLVED IN A TWO CAR ACCIDENT ON THE RIGHT FORK
OF [REDACTED] DUE TO THE ACCIDENT [REDACTED]
[REDACTED] WAS KILLED.DATE & TIME OF OCCURRENCE: [REDACTED] 96, 1640 HRS.ACCUSED: DNASUSPECTS: DNA

UNIFORM OFFENSE REPORT

UOR 1
Rev. 5-87**AGENCY COPY**

1. AGENCY: <u>Police</u>		2. ORI: <u>[REDACTED]</u>		3. CASE NO: <u>[REDACTED]</u>	
4. TITLE OF INVESTIGATION: <u>DEATH INVESTIGATION</u>				5. VIOLATION CODE: <u>03014</u>	
6. VIOLATION CODE: <u>03014</u>				7. REPORTED BY: <u>[REDACTED]</u>	
8. ADDRESS: <u>[REDACTED]</u>				9. HOW REPORTED CODE: <u>[REDACTED]</u>	
10. EXACT LOCATION OF OFFENSE: <u>RIGHT FORK OF [REDACTED]</u>				11. LOCATION: <u>ROAD</u>	
12. LOCATION TYPE: <u>ROAD</u>				13. VICTIM'S: (PERSONAL CRIME ONLY)	
14. OFFENDERS: (PERSONAL CRIME ONLY)				15. LOCATION TYPE CODES: 01-AIR/Bus/Train Term; 02-BANK/S&L; 03-BARN/CLUB; 04-CHURCH; 05-COMMERC/OFFICE BLDG; 06-CONSTR SITE; 07-CONV. STORE; 08-DEPT/ISCLT STORE; 09-DRUG STORE/DR. OFFICE/HOSPITAL; 10-FIELD/WOODS; 11-GOVNT/PUB BLDG; 12-GROCERY; 13-HWY/RD/ALLEY; 14-HOTEL/M; 15-LAKE/WATERWAY; 16-LIQUOR STORE; 17-PKNG LOT/GARAGE; 18-RES/HOME; 19-SCHOOL; 20-SPECIALTY STORE; 21-OTHER; 22-GAS STATION.	
16. TIME OF OFFENSE: EXACT <u>[REDACTED]</u> ESTIMATE <u>[REDACTED]</u> WEATHER: 1- <u>RAIN</u> 2- <u>CLOUDY</u> 3- <u>SNOW</u> 4- <u>OTHER</u>				17. LIGHTING CONDITIONS: 1- <u>GOOD</u> 2- <u>POOR</u> 3- <u>NOT APPLICABLE</u>	
18. WEAPON OR TOOLS INVOLVED: 1- <u>NO</u> 2- <u>YES</u> 3- <u>SPECIFY</u>				19. OFFENSE RELATED TO: 1- <u>ALCOHOL</u> 2- <u>DRUG</u> 3- <u>COMPUTER</u> 4- <u>UNKN.</u>	
20. VEHICLES INVOLVED: 1- <u>AUTO</u> 2- <u>TRUCK</u> 3- <u>OTHER</u>				21. STOLEN VEHICLE RECOVERED: A- <u>STLN RECOVD LOCALLY</u> B- <u>STLN LOCALLY/RECOVD OTHER JURISD</u> C- <u>STLN OUT OF TOWN RECOVD LOCALLY</u>	
22. OPERATION ID: <u>[REDACTED]</u>				23. SSN: <u>[REDACTED]</u>	
24. ARSON () STRUCTURE UNINHABITED				25. AMOUNT OF LOSS: <u>[REDACTED]</u>	
26. BURGLARY ONLY: 1- <u>FORCIBLE ENTRY</u> 2- <u>NO FORCE</u> 3- <u>ATTEMPTED</u>				27. POINT OF ENTRY: <u>[REDACTED]</u>	
28. TYPE COERCION (EXTORTION/BLACKMAIL OFFENSE ONLY): A- <u>MISUSE AUTHORITY</u> B- <u>THREAT/FORCE</u> C- <u>THREAT OF PROSECUTION/HARMED REPUTATION</u> D- <u>OTHER</u>				29. OFFENSE INVOLVING DRUGS (SEE JACKET FOR "TYPE" CODE): TYPE <u>[REDACTED]</u> QUANTITY <u>[REDACTED]</u> VALUE <u>[REDACTED]</u>	
30. NAME: <u>[REDACTED]</u>					
31. DOB: <u>[REDACTED]</u>		32. SEX: <u>M</u>		33. RACE: <u>WHITE</u>	
34. ETHNIC ORIGIN: <u>NOT HISPANIC</u>		35. OCCUPATION: <u>NONE</u>		36. VICTIM TYPE CODE: <u>[REDACTED]</u>	
37. MARITAL STATUS: 1- <u>MARRIED</u> 2- <u>SINGLE</u> 3- <u>DIVORCED</u>				38. HANDICAPPED? () YES <u>NO</u> IF YES, CODE: () A- <u>VISUAL</u> B- <u>HEARING</u> C- <u>PHYS. DISABLED</u> D- <u>MENTAL</u>	
39. VICTIM STATUS: 1- <u>INJURY TYPE: N</u> 2- <u>DEATH</u> 3- <u>POSS. INT. INJURY</u> 4- <u>SEVERE LACERATION</u> 5- <u>APPARENT MINOR INJURY</u> 6- <u>OTHER MAJOR INJURY</u> 7- <u>LOSS OF TEETH</u> 8- <u>UNCONSCIOUS</u>				40. HOW INJURED: 1- <u>ACCIDENTAL</u> 2- <u>SELF-INFLICTED</u> 3- <u>UNKN.</u>	
41. MEDICAL ATTN. REQUIRED: <u>YES</u> IF REFERRED, TO WHOM? <u>[REDACTED]</u>				42. VICTIM UNDER INFLUENCE: <u>NO</u> YES SPECIFY: <u>[REDACTED]</u>	
43. KENTUCKY RESIDENT STATUS: <u>F</u> FULL-TIME; <u>P</u> PART-TIME; <u>N</u> NON-RESIDENT				44. CARRIED FOR UCR BY CONTRIBUTOR: 1- <u>OTHER AGENCY</u> 2- <u>[REDACTED]</u>	
45. STATUS OF CASE: <u>U</u> UNFOUNDED; <u>A</u> OPEN; <u>I</u> CLOSED; <u>C</u> CLEARED BY ARREST; <u>S</u> SUMMONED/CITED; <u>E</u> EXCEPTIONALLY CLEARED; *BASIS FOR E: <u>A</u> DEATH; <u>B</u> PROS. DECLINED; <u>C</u> EXTRON DECLINED; <u>D</u> REFUSED TO COOP; <u>E</u> JUV/NO CUSTODY; <u>F</u> ADULT IN CUSTODY				46. POLICE/KILLED OR ASSAULTED: <u>[REDACTED]</u>	
47. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES CODE: <u>[REDACTED]</u>				48. NEGLIGENT MANSLAUGHTER CODE: <u>[REDACTED]</u>	
49. JUSTIFIABLE HOMICIDE CIRCUMSTANCES CODE: <u>[REDACTED]</u>				50. OFFICER MAKING REPORT: <u>[REDACTED]</u>	

50. OFFICER MAKING REPORT

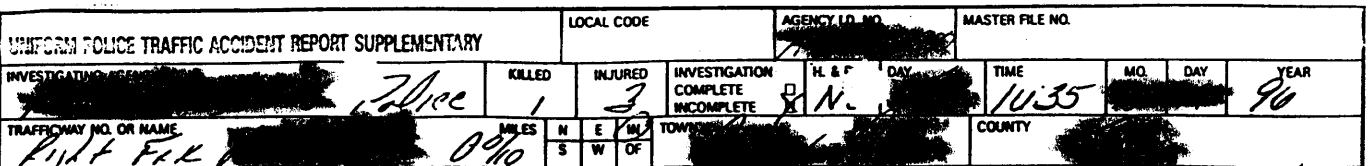
51. BADGE (ID) NO.

52. DATE

53. TIME SPENT

54. REVIEWED BY

PURSUANT TO KRS 16A.190 AND KRS 17.150

[illegible]

BEST AVAILABLE COPY

UNIFORM POLICE TRAFFIC ACCIDENT REPORT										LOCAL CODE		AGENCY I.D. NO.		MASTER FILE NO.												
INVESTIGATING AGENCY <i>Police</i>										KILLED <i>1</i>	INJURED <i>3</i>	INVESTIGATION COMPLETE <i>NO</i>	H. & DAY <i>10:35</i>	MILITARY TIME	MO. <i>96</i>	DAY <i>1</i>	YEAR <i>96</i>									
TRAFFICWAY NO. OR NAME <i>Right Exit</i>										MILES <i>17.6</i>	N <i>W</i>	E <i>S</i>	TOWN <i>...</i>	COUNTY <i>...</i>												
INTERSECTION <i>DNA</i>										BETWEEN STREETS <input type="checkbox"/>	ONE WAY <input type="checkbox"/>	RAMP <input type="checkbox"/>	FROM <i>...</i>	TO <i>...</i>	0.00 FT. <i>0</i>	MILE POST <i>0</i>	SPEED LIMIT <i>55</i>									
UNIT 1 <i>...</i>										REMOVED TO <i>...</i>	NO. OCCUPANTS <i>1</i>	UNIT 2 <i>Remained in Service</i>														
OPERATORS LIC. NO. <i>...</i>										STATE <i>NY</i>	RESTRICTION <input type="checkbox"/>	CODE <i>...</i>	COMPLIANCE <input type="checkbox"/>	OPERATORS LIC. NO. <i>...</i>												
OPERATOR - LAST NAME <i>...</i>										FIRST <i>...</i>	M.I. <i>...</i>	DATE OF BIRTH <i>...</i>	OPERATOR - LAST NAME <i>...</i>													
STREET NO. & NAME <i>...</i>										CODE <i>...</i>	STREET NO. & NAME <i>...</i>															
CITY <i>...</i>										STATE <i>NY</i>	ZIP CODE <i>...</i>	CITY <i>...</i>														
OWNER - LAST NAME <i>...</i>										FIRST <i>...</i>	OWNER - LAST NAME <i>...</i>															
OWNER ADDRESS <i>...</i>										OWNER ADDRESS <i>...</i>																
MOTOR CARRIER: NAME & ADDRESS <i>DNA</i>										MOTOR CARRIER: NAME & ADDRESS <i>DNA</i>																
VEH. YR. <i>95</i>										MAKE <i>Chrysler</i>	MODEL <i>...</i>	TYPE <i>...</i>	STATE <i>NY</i>	REGISTRATION NO. <i>...</i>	YEAR <i>97</i>	VEH. YR. <i>97</i>										
VEH. INS. CO. <i>...</i>										VEH. INS. CO. <i>...</i>																
FIRE <input type="checkbox"/>										OVERTURNED <input type="checkbox"/>	EST. TRAVEL SPEED BETWEEN <i>...</i> AND <i>...</i>		SUBCOMPACT <input type="checkbox"/>		FULL SIZE <input type="checkbox"/>		FIRE <input type="checkbox"/>									
VEH. ID NUMBER <i>...</i>										VEH. ID NUMBER <i>...</i>																
HAZARDOUS YES <input type="checkbox"/>										CARGO <input type="checkbox"/>	TYPE <i>...</i>	NUMBER OF TRAILERS <i>...</i>		HAZARDOUS YES <input type="checkbox"/>												
TRUCK LENGTH FT. <i>...</i> IN. <i>...</i>										WIDTH FT. <i>...</i> IN. <i>...</i>	SINGLE UNIT <input type="checkbox"/>	NO. AXLES <i>...</i>	TRUCK LENGTH FT. <i>...</i> IN. <i>...</i>													
DAMAGED UNIT NUMBER ONE <i>...</i>										DAMAGED UNIT NUMBER TWO <i>...</i>																
OTHER PROP. <i>...</i>										OTHER PROP. <i>...</i>																
NO DAMAGE <i>...</i>										NO DAMAGE <i>...</i>																
MINOR <i>...</i>										MINOR <i>...</i>																
MODERATE <i>...</i>										MODERATE <i>...</i>																
SEVERE <i>...</i>										SEVERE <i>...</i>																
INDICATE NORTH BY ARROW <i>...</i>										ACCIDENT DESCRIPTION <i>Unit one was traveling North on the left exit of ... advised that he saw unit 2 approaching and he applied his brakes. ... advised that the vehicle went into a skid and slid into unit 2. Although it is this officer's opinion that unit 1 was not exceeding the speed limit unsafe speed was noted due to the factors of icy road conditions (BIK!! PDH) and the vehicle going into skid. Unit two was traveling South on the right exit of ...</i>																
PROPERTY DAMAGE-OTHER THAN VEHICLES <i>DNA</i>										OWNER ADDRESS <i>DNA</i>																
FIRST AID GIVEN BY: <i>...</i>										INJURED OR DECEASED REMOVED BY: <i>...</i>																
REMOVED TO <i>...</i>										REMOVED TO <i>...</i>																
YES <input checked="" type="checkbox"/> OPER. #1 <i>...</i>										YES <input checked="" type="checkbox"/> OPER. #2 <i>...</i>																
TYPE BREATH TEST <i>...</i>										DRUG TESTED FOR ALCOHOL <i>...</i>																
TAKEN BY <i>...</i>										SENT TO <i>...</i>																
RESULTS <i>...</i>										RESULTS <i>...</i>																
DRIVERS/WITNESSES/PASSENGERS <i>...</i>										IF DECEASED - DATE/TIME <i>...</i>																
ADDRESS <i>...</i>										ADDRESS <i>...</i>																
ENFORCEMENT ACTION <i>...</i>										CITATION OR CASE NO. <i>...</i>																
KRS NUMBER <i>...</i>										OFFENSE <i>...</i>																
INVESTIGATOR <i>...</i>										L.D. NO. <i>...</i>																
BEAT OR POST NO. <i>...</i>										TIME NOTIFIED <i>10:42</i>																
TIME ARRIVED <i>17:24</i>										SCENE CLEARED <i>19:30</i>																
PHOTOS <i>...</i>										REVIEWED BY <i>...</i>																
PAGE OF PAGES <i>1/2</i>										PAGE OF PAGES <i>1/2</i>																

2 AGENCY COPY

CASE NO. [REDACTED]

DET [REDACTED]

INVESTIGATION:

ON [REDACTED] -96 AT APPX. 1000HRS. I ^{Talked} TO [REDACTED]. She ^{stated} she GOT TO THE ACCIDENT ON [REDACTED] AFTER IT HAD HAPPENED. she ADVISED she DIDN'T HEAR ANYBODY SAY ANYTHING ^{at} THE ACCIDENT SCENE. I ^{ask} her ^{if} she ^{heard} [REDACTED] ^{say} ANYTHING ABOUT NOT USING A SEAT BELT ON THURSDAY AND she ^{stated} she DIDN'T HEAR EITHER ONE ^{say} ANYTHING.

[REDACTED]

CASE No. [REDACTED]

DET. [REDACTED]

INVESTIGATION:

[REDACTED] CONTACTED ME AT [REDACTED] ON [REDACTED]-96 AT APPX. 1300 HRS. HE ADVISED ME HE ARRIVED AT THE SCENE OF THE ACCIDENT JUST A FEW MINUTES AFTER THE ACCIDENT HAD HAPPENED. HE ADVISED [REDACTED] TOLD HIM HER SON WAS UP FRONT WITH HER HUSBAND. HE STATED HE ASKED HER IF HE WAS IN THE PASSENGER SEAT OR WITH HER HUSBAND AND SHE STATED UP FRONT WITH HER HUSBAND.

[REDACTED] AND I WENT OVER TO THE SCENE ON [REDACTED] ON [REDACTED]-96 AT APPX. 1330 HRS. ON [REDACTED]-96 AT APPX. 1335 HRS. I INTERVIEWED [REDACTED] AT HER RESIDENCE. SHE STATED [REDACTED] STATED [REDACTED] STATED SHE USUALLY PUTS HIM IN A SEAT BELT BUT THIS TIME SHE DIDN'T.

I NEXT INTERVIEWED [REDACTED] ON [REDACTED]-96 AT APPX. 1510 HRS. SHE STATED SHE ALSO HEARD [REDACTED] SAY SHE USUALLY PUTS HIM IN A SEAT BELT BUT THIS TIME SHE DIDN'T.

CASE NO. [REDACTED]

DET. [REDACTED]

INVESTIGATION:

confiscated

I CONFISCATED THE CLOTHES

from

FROM THE VICTIM AND SENT THE CLOTHES

AND SENT SENT FROM THE 1995 Geo Metro

AND SENT THEM TO THE LAB TO BE ANALYZED.

DISPOSITION OF CASE: OPEN, PENDING FURTHER INFO.

STATUS: OPEN

[REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

Measurements of 1995 Geo-Metro + INFO.

- ① Car Width Front - 62 inches.
- ② Passenger Seat front width - 20 inches.
- ③ Top Part of Passenger front seat length - 29 inches.
- ④ Bottom Part of Passenger front seat width - 21 inches.
- ⑤ Bottom part of Passenger front seat length - 21 inches.
- ⑥ From top of front seat to top of back seat - 49 inches.
- ⑦ Tires - [REDACTED] P155 80R13.
- ⑧ Seat Belt - NOT MOTORIZED - MANUAL
shoulder strap
5 Point STRAP - [REDACTED]

TAKATA FABRICATION.

CASE No. [REDACTED]

WITNESS LIST:

① [REDACTED]
[REDACTED]
[REDACTED]② [REDACTED]
[REDACTED]
[REDACTED]③ [REDACTED]
[REDACTED], ry.
[REDACTED]④ [REDACTED]
[REDACTED]⑤ [REDACTED]
[REDACTED]⑥ [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

WITNESS LIST:

7. [REDACTED]
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]
11. [REDACTED]
12. [REDACTED] ambulance scene
[REDACTED]
13. [REDACTED] ambulance scene
[REDACTED]
14. [REDACTED]
[REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

STATEMENT FROM [REDACTED]

ON [REDACTED], 1996 AT APPX. 1337 HRS. BY DET.

[REDACTED] AT her residence ON [REDACTED]

[REDACTED] ^{it} STATED IT HAD ALREADY HAPPENED WHEN SHE GOT THERE. WHEN I GOT OUT THERE ^{it} THE MOMMY WAS HOLLOWING SOMETHING AND IT WAS LAYING ON THE GROUND. SHE WAS CRYING ABOUT her BABY AND STISS. IT'S DETO AND THAT AND THAT. SHE SAID ^{but} ^{usually} she ^{puts} ^{it} IN A SEAT ^{but} ⁱⁿ BUT ^{at} THAT TIME SHE DIDN'T. SHE TOLD EVERYBODY THAT. WHOEVER WAS OUT THERE ^{heard} HEARD ^{her} HER. ^{it's} THE MAN SAID ^{it} DETO I KNOW ^{it} IT IS. ^{Lord} LORD DON'T LET ^{it} IT BE DETO. SHE SAID THE LADY ACROSS THE ROAD, A ^{nurse} NURSE, HER FIRST NAME IS [REDACTED] A NURSE AT [REDACTED] [REDACTED] ASKING WAS OUT THERE. THERE WERE SO MANY OUT THERE I DON'T KNOW. [REDACTED] WAS OUT THERE. [REDACTED] WAS OUT THERE BUT I DON'T KNOW IF SHE HEARD IT. SHE WENT TO THE HOSPITAL WITH HER.

CASE NO. [REDACTED]

Det. [REDACTED]

STATEMENT FROM [REDACTED] ON

[REDACTED]-96 AT 2045 HRS. AT THE [REDACTED]

[REDACTED] HOSPITAL BY Det. [REDACTED]

[REDACTED] STATED SHE WENT TO HER MOTHER'S HOUSE ON [REDACTED]. I WENT UP THERE TO LET MY SISTER AND MY BABY SON OUT, SHE WAS GOING TO WATCH HIM AT THE HOUSE. WE WERE HEADING TO MY HOUSE. MY HUSBAND WAS GOING TO WATCH MY OLDEST SON THERE SO I COULD COME BACK DOWN HERE WITH MY MIDDLE SON. I WAS IN THE BACK. MY MIDDLE SON WAS IN THE CAR SEAT IN THE BACK. MY HUSBAND WAS ^{driving} DRIVING AND MY OLDEST SON [REDACTED] WAS IN THE FRONT PASSENGER SEAT, I'M NOT SURE IF HE WAS BUCKLED IN OR NOT. I KNOW HE WAS SITTING DOWN I'M NOT SURE IF HE WAS BUCKLED IN.

[REDACTED] WAS JUST DRIVING DOWN THE ROAD AND THIS TRUCK WAS COMING TOWARD US AND NOBODY WAS GOING FAST AND HE PUT HIS BRAKES ON AND WE COULDN'T STOP. WE HIT EACH OTHER AND THE AIR BAGS CAME OUT.

[REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

CONT. STATEMENT FROM [REDACTED]
[REDACTED]

CALL him [REDACTED], HE IT HIT HIM AND HE
ENDED UP IN THE BACK. BEHIND THE BACK
SEAT BACK WHERE ^{they} THEY KEEP THE spare
TIRE. I ASKED HER IF [REDACTED] HAD HIT
ANYONE IN THE BACK SEAT AND SHE
STATED HE DIDN'T HIT HER BUT HIS
HEAD HIT THE BACK WINDSHIELD, CAUSE
I HEARD A THUMP. I WAS SITTING
IN THE MIDDLE IN THE BACK. THE
BABY WAS ON THE RIGHT SIDE AND THE
BABY'S CAR SEAT WAS ON THE LEFT
SIDE. I DON'T REMEMBER HIM HITTING
ME I JUST REMEMBER A ^{thump} THUMP +
THOGL we MIGHT HAVE GOT HIT IN THE
BACK. I ^{layed} TURNED AROUND AND
THERE LAYED MY [REDACTED].

[REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

STATEMENT FROM [REDACTED]

[REDACTED] ON [REDACTED]-96 AT 1935 HRS.
AT THE [REDACTED] HOSPITAL BY DET.
[REDACTED]

[REDACTED] STATED WE HAD JUST TAKEN OUR TWO YEAR OLD SON TO THE DOCTOR. WE WERE TAKING MY SISTER IN LAW AND OUR YOUNGEST LITTLE BOY TO MY WIFE'S MOTHER'S HOUSE. WE WERE DROPPING THEM ^{off} AND WE WERE ON OUR WAY BACK DOWN THE ROAD. THERE WAS ANOTHER TRUCK COMING UP. I DON'T KNOW THE MAN'S NAME BUT I'VE SEEN HIM ON THE [REDACTED] HE WAS COMING UP THE ROAD AND I WAS GOING DOWN THE ROAD. WE HAD THE BRAKES ON SO I COULD LET HIM BY. THE ROAD WAS SLICK AND WE SLID INTO EACH OTHER. WHEN WE HIT THE AUTO CAME OUT. WE HAD ONE ON THE ^{the} DRIVER'S SIDE AND ONE ON THE PASSENGER'S SIDE. MY SON WAS SITTING IN THE PASSENGER SEAT.

[REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

CONT'D STATEMENT FROM [REDACTED]

The AIR BAG came out, ^{caught} caught him in the face and under the chin and lifted him over our seat into the back, taking my wife's glasses ^{off} off and hitting my son in the nose. I had one son in the car with me. He was in the car seat ⁱⁿ in the back with my wife. I went on down the road and when my son flew over top of the seat and he broke my wife's glasses off her face. He caught my son. I asked him which son flew over the seat, the one in front? He stated it was the one that was dead. I asked him if he had any restraint on him? He stated he was on a seat belt but ^{the way the seat belt} the way the seat belt was made ^{it wasn't} it wasn't ^{restraining} restraining him ^{good} good. I asked him how ^{old} old ^{was} was he and he ^{told} told me four. I asked him how big was he? He stated he was about forty four inches long.

CASE NO. [REDACTED]

DET. [REDACTED]

CONT'D STATEMENT FROM [REDACTED]

He was old enough NOT TO BE IN
A CAR SEAT. He was being seat belt restrained.
He went over the seat AND HIT his head
I ^{guess} what killed him ^{was} his head
INJURY OR WHATEVER, HIT OUR hatch back
DOOR IN THE MAIN BACK AND PUT him
IN THE MAIN BACK. I ASK him IF THE
seat belt ^{restrained} him at all AND he
SAID ^{Bag} NO WHEN THE ^{blast} GLASS IN THE AIR
BAG ^{Bag} CAME OUT THE AIR BAG TOOK
him OUT OF THE SEATBELT AND
THREW him IN THE BACK SEAT. THE
seats ^{were} were hatch back ^{seats} SEATS AND IT
came over ^{like} LIKE THAT AND ^{it} IT DIDN'T HELP
him AT ALL. IF THE AIR BAGS HADN'T
come OUT He ^{would have} WOULD HAVE ^{still} STILL ^{be} BE
^{alive} ALIVE BECAUSE WE ^{were} WEREN'T going fast
enough TO DO ANYTHING, A FEW FEET PER SECOND.
I ASK him how fast DID he THINK he
was going AND he STATED ABOUT FIVE
M.P.H. HE STATED THEY ^{were} WEREN'T going
FAST AT ALL [REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

CONT'D STATEMENT FROM [REDACTED]
[REDACTED]

He stated they were already slowed down. He stated he was sliding INTO him. There wasn't NO SPEED AT ALL. I ASK him IF EVERYBODY IN THE vehicle was IN A RESTRAINT AND He said YES.

I ASK him what TYPE OF vehicle was IT? HE STATED IT WAS A 1995 Geo METRO. IT WAS A LITTLE hatchback CAR, white WITH RED TRIM. I ASK him IF He was HURT IN THE ACCIDENT AND He STATED his BACK, ARM AND Leg were hurting RIGHT NOW. I guess the SHOCK DIDN'T hurt me AT FIRST IT might be I'm just TORE UP. I DON'T know BUT MY LOWER BACK hurts.

I ASK him IF THE people IN THE BACK were HURT? MY TWO YEAR OLD LITTLE BOY THAT WAS IN THE CAR SEAT THEY BRUNG him IN, he's TAKING X-RAYS RIGHT NOW. AS FAR AS THEY CAN TELL he GOT HIT IN THE NOSE BY MY SON AND and GIVE him A NOSE BLEED. [REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

CONT'D STATEMENT FROM [REDACTED]
[REDACTED]

THE ONLY THING IT DID TO MY
WIFE WAS BROKE HER GLASSES. I ASK HIM
IF HE SON HAD A SEEN LEFT ON AND HE
STATED YES HE DID.

[REDACTED]

CASE No. [REDACTED]

DET. [REDACTED]

STATEMENT FROM [REDACTED]
ON [REDACTED]-96 AT APPX. 1510 HRS. AT
HER RESIDENCE ON [REDACTED]

[REDACTED] STATED SHE WAS
SITTING ON THE COUCH AND HEARD A BIG
THUMP. WHEN I HEARD THAT I KNEW IT
WAS A WRECK SO I JUST GOT UP AND WENT
TO THE DOOR. I LOOKED OUT AND BOTH
VEHICLES WERE SITTING STILL. I RAN ON
OUT TO WHERE THEY WERE. NOBODY
WAS OUT OF THE CAR OR TRUCK WHEN I
WENT OUT. I THINK [REDACTED] GOT OUT
AND WAS KINDA WALKING THAT WAY.
THEN [REDACTED] OPENED HIS DOOR AND
GOT OUT. HE GOT DOWN ON HIS
KNEES AND WAS KINDA CRAWLING
LIKE OR SOMETHING I DON'T KNOW
HE JUST OPENED THE DOOR AND FELL
ON HIS KNEES. HE STOOD UP AND
[REDACTED] WAS OPENING THE BACK OF
THE. SHE GOT OUT OF THE BACK
WINDOW OF THE HATCH LIKE.

[REDACTED]

CASE NO. [REDACTED]

DET. [REDACTED]

CONT'D STATEMENT FROM [REDACTED]

ON [REDACTED]-96.

crawled

SHE RAISED IT AND CRAWLED OUT THAT WAY, SHE RAISED IT UP. SHE WAS COMING OUT THAT WAY. I ASKED HER WHAT SHE SAID AND SHE SAID SHE COULDN'T REMEMBER, THEY WERE ALL SCREAMING. I CAN'T REMEMBER HER EXACT WORDS. I THINK [REDACTED] WAS HOLLOWERING SOMETHING ABOUT THE BABY. I SAID SOMETHING ABOUT SOMETHING LIKE WHERE IS THE BABY CAUSE I DIDN'T SEE IT AT THAT TIME. [REDACTED] CAME CRAWLING ON OUT AND GOT ON THE HIGHWAY. I THINK SHE REACH BACK THRU AND PICKED HIM UP. I ASKED HER IF SHE SAID ANYTHING ABOUT THE RESTRAINTS? NO, NOT AT THAT TIME.

I ASKED HER WHEN DID SHE SAY ANYTHING ABOUT THE RESTRAINTS. SHE SAID IT WAS WHEN THEY WERE ALL STANDING OUT THERE AND THEY WERE WORKING WITH THE BABY. SHE WAS CUSSING A LITTLE BIT AND CRYING AND SCREAMING SAYING SHE DIDN'T HAVE HIM IN HIS SEAT BELT. SHE SAID HE WANTED TO RIDE UP FRONT WITH HIS DADY.

CASE NO. [REDACTED]

DET. [REDACTED]

CONT'D STATEMENT FROM [REDACTED]

ON [REDACTED] 96.

I ASKED HER IF HE WANTED TO SEE THE CHRISTMAS LIGHTS AND SHE SAID SHE DIDN'T HEAR A THING ABOUT CHRISTMAS LIGHTS. I WAS ^{real} TORE UP TOO. I RAN NEXT DOOR AND GOT HER, [REDACTED]. I ASKED HER IF [REDACTED] WAS ^{working} ~~working~~ TRUSTE STATE SHE WOULD BE THERE BY FOUR. SHE STATED [REDACTED] ^{phone} PHONE NUMBER WAS [REDACTED] AND HER LAST NAME WAS [REDACTED] AFTER I ^{talked} TALKED TO [REDACTED] FOR A FEW MINUTES AND THEY GOT THE BABY. I TOLD THEM I ^{would} RUN NEXT DOOR AND GET [REDACTED], SHE'S A NURSE ^{also} AND. I TOLD THEM I WOULD RUN NEXT DOOR AND GET [REDACTED] AND HAVE THEM CALL 911. HER HUSBAND WAS TALKING TO 911 WHEN COME RUNNING BACK OUT. SHE WORKED ON THE BABY. AT THAT TIME [REDACTED] CAME, THEN THIS LADY NEXT DOOR [REDACTED] WAS THERE TOO. SHE LIVED ON UP THE ROAD. [REDACTED] AND HIS WIFE WAS ^{there} THERE.

CASE NO. [REDACTED]

DET. [REDACTED]

CONT'D STATEMENT FROM [REDACTED]

[REDACTED] ON [REDACTED]-96.

no one Like I said when I came out
no one was out of their car or truck.
Then I think [REDACTED] was ^{kinda} getting
out. I was more concerned about the other
car because it looked like it was tore up.
[REDACTED] looked ^{fine} fine. I just ran toward
[REDACTED] car. I never seen anyone came out
of the passenger side of the car. [REDACTED] was
inside his door when I went out and he
just ^{opens} opened ^{his} door ^{door} and ^{if} fell on the
blacktop. I couldn't tell ^{if} he ^{unlatches} unlatches
anything. My ^{daughter} daughter ^{seen} seen [REDACTED] ^{crawling} crawling
out the back and she didn't hear [REDACTED]
say anything.

INTERVIEW OF [REDACTED]

[REDACTED] 96 6:34 PM

I [REDACTED] WAS TRAVELING UP THE RIGHT HAND FORK OF [REDACTED] ON Icy Roads WHEN I WAS STOPPING FOR A SMALL VEHICLE. THE VEHICLE WAS SLIDING TOWARD ME AND I COULD SEE THE OPERATOR OF THE VEHICLE FIGHTING TO CONTROL IT. THERE DIDN'T SEEM TO BE MUCH IMPACT IN MY VEHICLE. ONCE STOPPED I JUMPED OUT AND THE LADY WAS SCREAMING GET MY BABY. I WAS UNBUCKLING THE INFANT IN THE BACK SEAT BECAUSE I THOUGHT SHE WAS AFRAID THE CAR WAS GOING TO CATCH ON FIRE. SHE THEN SCREAMED THAT ANOTHER INFANT HAD BEEN THROWN OVER THE BACK SEAT BY THE AIR BAG. WE GOT THE BABY OUT OF THE BACK AND WE TRIED TO PERFORM CPR.

WITNESS [REDACTED]

X [REDACTED]

ACCIDENT COLLISION MEASUREMENT TABLE

ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Case Number—Stratum 96

CRASH DATA

- | | VEH. #1 | VEH. #2 | VEH. #3 |
|--|-----------------------------|-----------------|-----------------|
| Heading Angle | <u>30</u> | <u>210</u> | <u> </u> |
| Surface Type | <u>Bit</u> | <u>Bit</u> | <u> </u> |
| Surface Condition | <u>ICY /</u>
<u>snow</u> | <u>PACKED</u> | <u> </u> |
| Coefficient of Friction | <u> </u> | <u> </u> | <u> </u> |
| Grade (v/h) | <u> </u> | <u> </u> | <u> </u> |
| Measurement (between impact and final rest) | <u>.2</u> | <u>.2</u> | <u> </u> |
| Grade (v/h) | <u> </u> | <u> </u> | <u> </u> |
| Measurement (at location of rollover initiation) | <u> </u> | <u> </u> | <u> </u> |
| Grade (v/h) | <u> </u> | <u> </u> | <u> </u> |
| Measurement (at pre-crash location) | <u>.7</u> | <u>.6</u> | <u> </u> |

Reference line:

[illegible]

witness

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9629

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 7 9 6

5. Time of Accident [REDACTED]

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. SS17 Impact Fires 0

9. SS18 Unsafe Driver Actions 0

10. SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>0 1</u>	15. <u>F</u>	16. <u>0 2</u>	17. <u>3 1</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- CU: 93.1 ⇒ 236.5
- | | |
|--|---|
| (00) Not a motor vehicle | (31) Large pickup truck (≤ 4,536 kgs GVWR) |
| (01) Subcompact/mini (wheelbase < 254 cm) | (38) Other pickup truck (≤ 4,536 kgs GVWR) |
| (02) Compact (wheelbase ≥ 254 but < 265 cm) | (39) Unknown pickup truck type (≤ 4,536 kgs GVWR) |
| (03) Intermediate (wheelbase ≥ 265 but < 278 cm) | (45) Other light truck (≤ 4,536 kgs GVWR) |
| (04) Full size (wheelbase ≥ 278 but < 291 cm) | (48) Unknown light truck type (≤ 4,536 kgs GVWR) |
| (05) Largest (wheelbase ≥ 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based) (> 4,536 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus (> 4,536 kgs GVWR) |
| (15) Large utility vehicle (≤ 4,536 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (≤ 4,536 kgs GVWR) | (60) Truck (> 4,536 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (≤ 4,536 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (≤ 4,536 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (≤ 4,536 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (≤ 4,536 kgs GVWR) | (80) Motored cycle |
| (29) Unknown van type (≤ 4,536 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (≤ 4,536 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|---|-------------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
| | | | |
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area
(rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage |
| | | | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| (01-30) — Vehicle Number | (57) Fence |
| Noncollision | (58) Wall |
| (31) Overturn — rollover (excludes end-over-end) | (59) Building |
| (32) Rollover — end-over-end | (60) Ditch or culvert |
| (33) Fire or explosion | (61) Ground |
| (34) Jackknife | (62) Fire hydrant |
| (35) Other intraunit damage (specify): | (63) Curb |
| _____ | (64) Bridge |
| (36) Noncollision injury | (68) Other fixed object (specify): |
| (38) Other noncollision (specify): | _____ |
| _____ | (69) Unknown fixed object |
| (39) Noncollision — details unknown | |
| Collision With Fixed Object | Collision with Nonfixed Object |
| (41) Tree (≤ 10 cm in diameter) | (70) Passenger car, light truck, van, or other vehicle
not in-transport |
| (42) Tree (> 10 cm in diameter) | (71) Medium/heavy truck or bus not in-transport |
| (43) Shrubbery or bush | (72) Pedestrian |
| (44) Embankment | (73) Cyclist or cycle |
| (45) Breakaway pole or post (any diameter) | (74) Other nonmotorist or conveyance |
| Nonbreakaway Pole or Post | _____ |
| (50) Pole or post (≤ 10 cm in diameter) | (75) Vehicle occupant |
| (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) | (76) Animal |
| (52) Pole or post (> 30 cm in diameter) | (77) Train |
| (53) Pole or post (diameter unknown) | (78) Trailer, disconnected in transport |
| _____ | (79) Object fell from vehicle in-transport |
| (54) Concrete traffic barrier | (88) Other nonfixed object (specify): |
| (55) Impact attenuator | _____ |
| (56) Other traffic barrier (includes guardrail)
(specify): | (89) Unknown nonfixed object |
| _____ | (98) Other event (specify): |
| | _____ |
| | (99) Unknown event or object |

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

GEO
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

METRO
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

2C1MR226686
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

35 mph X 1.6093 = 56 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRAASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
 (0) Non-interchange area and non-junction
 (1) Interchange area related
Non-Interchange junctions
 (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____
 (5) Unknown type of junction
 (9) Unknown
20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown
21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown
22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown
23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown
24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown
25. Roadway Surface Condition 3
 (1) Dry
 (2) Wet
 (3) Snow or slush *SNOW PACKED ICE*
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown
26. Light Conditions 1
 (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown
27. Atmospheric Conditions 3
 (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown
28. Traffic Control Device 5
 (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)
Regulatory
 (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): SPEED LIMIT
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown
29. Traffic Control Device Functioning 2
 (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 14
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 06

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver

03

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

52

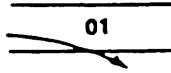
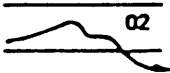
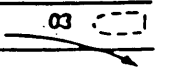
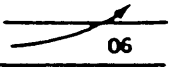
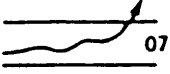
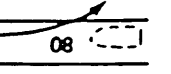
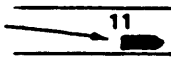
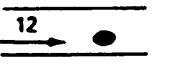
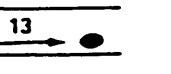
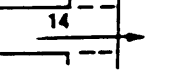
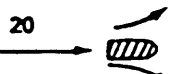

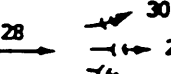

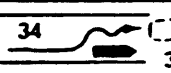
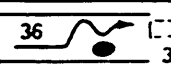

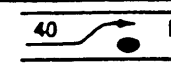
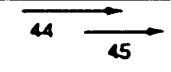
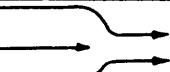
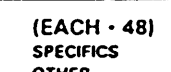


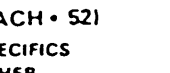


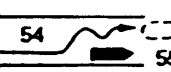
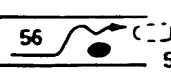

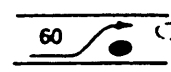
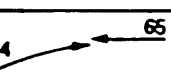
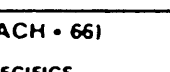
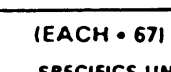
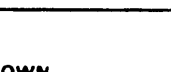
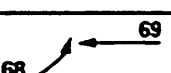
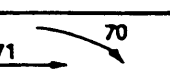

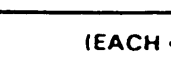
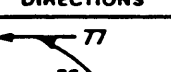
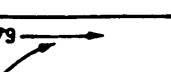
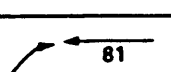

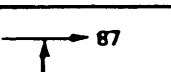
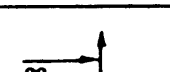

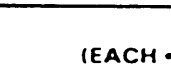
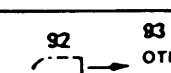
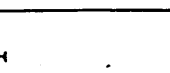
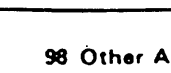

(Note: Applicable codes on back of this page)

- (00) No impact
- Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

narrow roadway

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 LATERAL MOVE	 49 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 52 LATERAL MOVE	 53 LATERAL MOVE	 54 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 LATERAL MOVE	 67 LATERAL MOVE	 68 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 INITIAL SAME DIRECTIONS	 74 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO SAME DIRECTION	 80 TURN INTO OPPOSITE DIRECTIONS	 82 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 STRAIGHT PATHS	 88 STRAIGHT PATHS	 90 STRAIGHT PATHS	 91 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	 98 OTHER ACCIDENT TYPE	 99 UNKNOWN ACCIDENT TYPE	98 Other Accident Type 99 Unknown Accident Type 00 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 04
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 04

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 0.820
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
1.808 lbs X .4536 = 0.820 kgs

Source: _____

44. Vehicle Cargo Weight 000
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 2.3 kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 4
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 035
54. Heading Angle For Other Vehicle 210

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program—damage only routine
- (02) Reconstruction program—damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

02323 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+0022-22 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

61. Lateral Component of Delta V

Highest

+004+4 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

62. Energy Absorption

Highest

021.20021211 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

2

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

023227 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V

INSPECTION TYPE

66. Estimated Highest Delta V (Researcher Determined)

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

0

67. Type of Vehicle Inspection

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify): _____
- (3) Complete inspection

3

DELTA V EVENT NUMBER

68. Delta V Event Number

_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle

(99) Unknown

1

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9629

VEHICLE IDENTIFICATION

VIN 2C1MR226656

Model Year 95

Vehicle Make (specify):

GEO

Vehicle Model (specify):

METRO

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
<u>01</u>	<u>DBCOR 91</u> <u>22 @ of center</u>	<u>ACROSS front bumper</u>	<u>between C₃ - C₄</u>

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>01</u>	<u>Front Bumper</u>	<u>91</u>	<u>18</u>	<u>128</u>	<u>9</u>	<u>8</u>	<u>18</u>	<u>17</u>	<u>9</u>	<u>13</u>	<u>-22</u>
	<u>FREE SPACE</u>		<u>1</u>		<u>9</u>	<u>5</u>	<u>1</u>	<u>1</u>	<u>5</u>	<u>9</u>	
	<u>FINAL</u>		<u>17</u>		<u>0</u>	<u>3</u>	<u>17</u>	<u>16</u>	<u>4</u>	<u>4</u>	
<u>01</u>	<u>Above Bumper</u>	<u>75</u>	<u>33</u>		<u>38</u>	<u>32</u>	<u>32</u>	<u>33</u>	<u>31</u>	<u>27</u>	
	<u>FREE SPACE</u>		<u>10</u>		<u>18</u>	<u>13</u>	<u>10</u>	<u>10</u>	<u>13</u>	<u>18</u>	
	<u>FINAL</u>		<u>23</u>		<u>20</u>	<u>19</u>	<u>22</u>	<u>23</u>	<u>18</u>	<u>9</u>	
	<u>AVG</u>				<u>10</u>	<u>11</u>	<u>17</u>	<u>16</u>	<u>11</u>	<u>4</u>	

ORIGINAL SPECIFICATIONS WORK SHEET

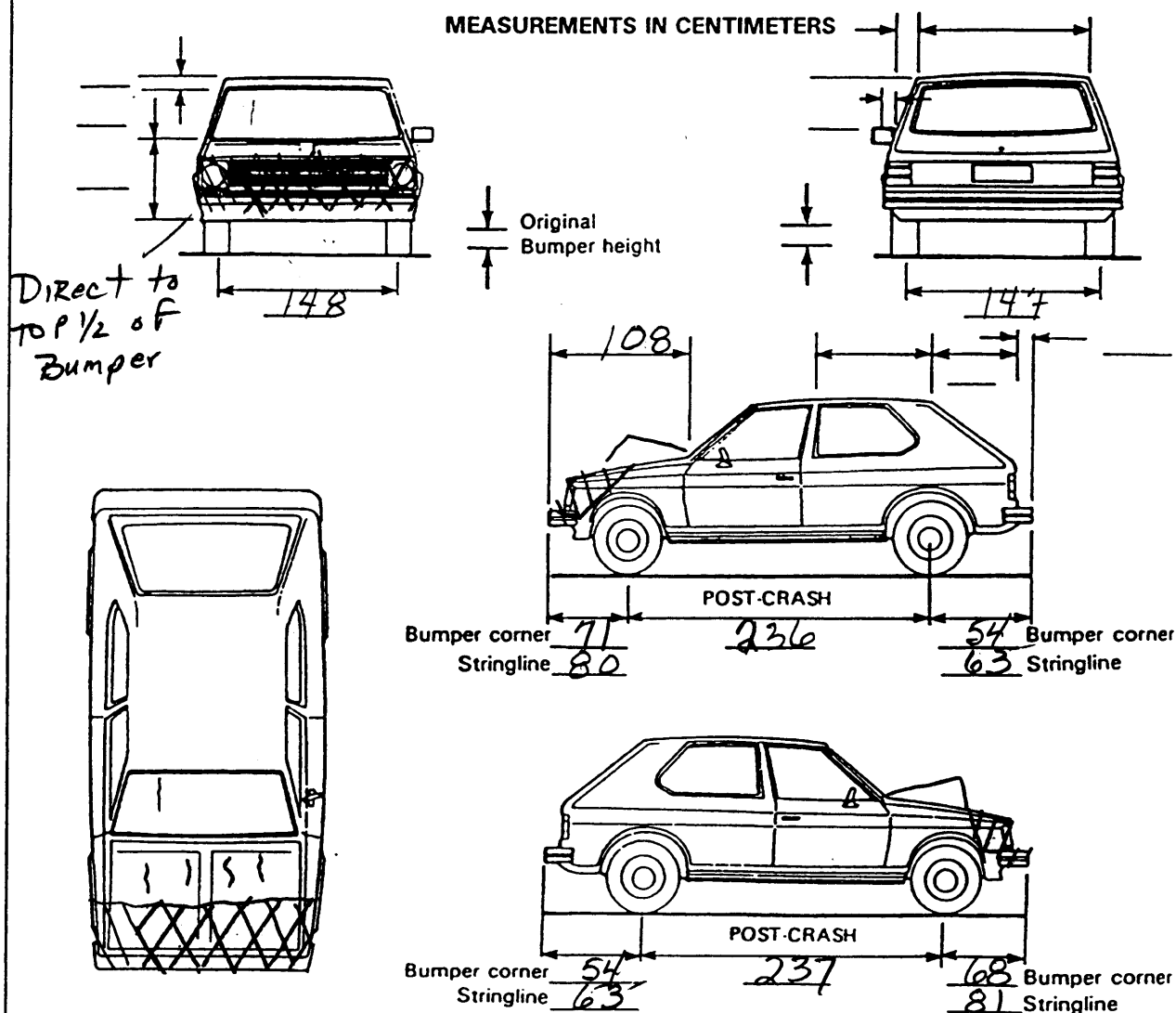
Wheelbase	<u>93.1</u>	inches x 2.54 =	<u>236.5</u> cm
Overall Length	<u>149.4</u>	inches x 2.54 =	<u>379.5</u> cm
Maximum Width	<u>62.6</u>	inches x 2.54 =	<u>159.0</u> cm
Curb Weight	<u>1,808</u>	pounds x 0.4536 =	<u>820.1</u> kg
Average Track	$\left. \begin{matrix} 54.5 \\ 53.5 \end{matrix} \right\} \underline{54.0}$	inches x 2.54 =	<u>137.2</u> cm
Front Overhang	<u>34.8</u>	inches x 2.54 =	<u>88.4</u> cm
Rear Overhang	<u>21.7</u>	inches x 2.54 =	<u>55.1</u> cm
Undeformed End Width	<u>53.2</u>	inches x 2.54 =	<u>135.5</u> cm
Engine Size: cyl/disl.	<u> </u>	cc x 0.001 =	<u>1.0</u> L
4-passenger 3-door hatchback	<u>61</u>	CID x 0.0164 =	<u>1.0</u> L

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify}	Repair Cost: \$
Transmission: {circle} Automatic <u>Manual</u>	Speed: 3-speed 4-speed <u>5-speed</u>	Other:
Steering: {circle} Power-assisted <u>Manual</u>	Type: <u>rack-and-pinion</u> worm-and-gear Other	
{please describe}:		
Brakes: {circle} <u>Power-assisted</u> Manual	Type: <u>4-wheel disc</u> 4-wheel drum 4-wheel hydraulic	
<u>front disc, rear drum</u> Other:		
Observed Defects: {specify}		
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other		
{please describe}:		

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>236</u> cm Overall Length <u>379</u> cm Maximum Width <u>159</u> cm Curb Weight <u>820</u> kg Average Track <u>137</u> cm Front Overhang <u>88</u> cm Rear Overhang <u>63</u> cm Undeformed End Width <u>135</u> cm Engine Size: cyl./displ. <u>13</u> <u>1.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic 5 ^{SP} DEPEND SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD			
				Approximate Cargo Weight _____ kg			



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

Type of Body Pass. Cap.	Model	Wheel Base	Dimensions Inches		Ship. Wt.	Tax H.P.	Factory List Price	Factory Def'd Price
			Lt. x	Wt. x Ht.				
Groups (1)(171)-\$185 GL-\$185 (2)(462) GL-\$1065 SE-\$190 LX-\$985 (3)(603)-\$345; Air Conditioning(572)-\$795; Anti-Lock Brakes(552)-\$600; Defroster Rear Window(57Q)-\$190; Moonroof Power(13B)-\$595; Power Windows(43R)-\$340; Remote Keyless Entry System(143)-\$190; Speed Control(525)-\$215; Sport Pkg (GL)-\$525 (LX)-\$245; AM/FM Stereo w/CD(585) GL-\$455 w/(group1)-\$270 LX & SE-\$270 w/cassette(913) GL-\$315 w/(group1)-\$130 LX & SE-\$130; Gaseous Fuel Prep (2.0L 4-cyl engine w/Auto. Tran.)-\$260								
1998 Escort ZX2 FWD 4 cyl 2.0 liter DOHC SMPEFI Gas Engine(993)(16 valve)								
Bore & Stroke 3.34"x3.46"; Tax H.P. 17.85; SAE H.P. 130@5750; Torque 127@4250; 121cu.in., 2.0 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 24/34								
4-PS 2-dr Cool Coupe P11	66BJ	98.4"	175.2"	x 67.4" x 52.3"	2381	17.85	12,580	12,995
4-PS 2-dr Hot Coupe P11	66BJ	98.4"	175.2"	x 67.4" x 52.3"	2381	17.85	13,145	13,560
Auto. Trans. 4-speed; EPA Mileage Estimate 23/32								
4-PS 2-dr Cool Coupe P11	66BJ	98.4"	175.2"	x 67.4" x 52.3"	2415	17.85	13,395	13,810
4-PS 2-dr Hot Coupe P11	66BJ	98.4"	175.2"	x 67.4" x 52.3"	2415	17.85	13,960	14,375
Options Escort: Destination Charges-\$415; 4-spd Overdrive Auto. Trans.-\$815; Preferred Equip. Pkg. (327A)-\$765 (328A)-\$1390; Emissions (Calif)(422)-\$170; Wheels (Spoke Swirl AL)(64P)-\$265; Child Seat Integrated(216)-\$135; Air Conditioning(572)-\$785; Anti-Lock Brakes(552)-\$570; Defroster Rear Window(57Q)-\$170; Group (1)(53A)-\$910 (2)(60A)-\$725 (3)(50A)-\$410; Power Moonroof(13B)-\$595; Sport Pkg(41G)-\$595; Dual Electric Remote Control Mirrors(54J)-\$95; Radio AM/FM Stereo w/cassette(58H)-\$165 w/CD(919)-\$515								

GEO

1995 METRO FWD 3 cyl 1.0 liter EFI OHC Gas Engine(LP2)								
Bore & Stroke 2.91"x3.03"; Tax H.P. 10.16; SAE H.P. 55@5700; Torque 58@3300; P.D. 61 cu.in., 1.0 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 43/58								
4-PS 3-dr HB Coupe	1MR08	93.1"	149.4" x	62.6" x 54.7"	1808	10.16	8,085	8,395
4-PS 3-dr HB Coupe LSi	1MR08/B4M	93.1"	149.4" x	62.6" x 54.7"	1808	10.16	8,385	8,695
Auto. Trans. 3-speed; EPA Mileage Estimate 36/39								
1995 METRO FWD 4 cyl 1.3 liter TBI SOHC Gas Engine(L72)(8 valve)								
Bore & Stroke 2.91"x3.03"; Tax H.P. 13.55; SAE H.P. 70@5500; Torque 74@3500; P.D. 79 cu.in., 1.3 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 39/43								
4-PS 4-dr HB Sedan	1MR69	93.1"	164.0" x	62.6" x 55.4"	1883	13.55	9,085	9,395
4-PS 4-dr HB Sedan LSi	1MR69/B4M	93.1"	164.0" x	62.6" x 55.4"	1916	13.55	9,485	9,795
Auto. Trans. 3-speed; EPA Mileage Estimate 29/33								
4-PS 4-dr HB Sedan	1MR69	93.1"	164.0" x	62.6" x 55.4"	1905	13.55	9,585	9,895
4-PS 4-dr HB Sedan LSi	1MR69/B4M	93.1"	164.0" x	62.6" x 55.4"	1938	13.55	9,985	10,295
4-PS 3-dr HB Coupe LSi	1MR08/B4M	93.1"	149.4" x	62.6" x 54.7"	1808	13.55	9,245	9,555
Options Metro: Destination Charge-\$310; 4 cyl 1.3 liter TBI SOHC Gas Engine(L72) (Coupe LSi)-\$360; Auto. Trans. 3-speed(MX1)-\$500; Preferred Equip. Groups (Sedan) (1)-std (2)-\$1045; AM/FM Stereo(UL1)-\$301 w/cassette(UL0)-\$521 w/CD(UPO)-\$721; Air Conditioning(C60)-\$785; Anti-Lock Brakes(JM4)-\$565; Rear Window Defogger(C49)-\$160; Emission (Calif & Mass)-\$70; Metro Expression Exterior Appearance Pkg.(BYP)-\$199 (Power Steering(N41)-\$260; Rear Window Wiper/Washer(C25)-\$125								

1995 PRIZM FWD 4 cyl 1.6 liter MPFI DOHC Gas Engine(LO1)(16 valve)								
Bore & Stroke 3.2"x3.0"; Tax H.P. 16.38; SAE H.P. 105@5800; Torque 100@4800; P.D. 97 cu.in., 1.6 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 27/34								
5-PS 4-dr Sedan	ISK19	97.0"	173.0" x	66.3" x 53.3"	2288	16.38	11,675	12,050
5-PS 4-dr Sedan LSi	ISK19/B4M	97.0"	173.0" x	66.3" x 53.3"	2299	16.38	12,340	12,715
Auto. Trans. 3-speed; EPA Mileage Estimate								
5-PS 4-dr Sedan	ISK19	97.0"	173.0" x	66.3" x 53.3"	2332	16.38	12,170	12,545
5-PS 4-dr Sedan LSi	ISK19/B4M	97.0"	173.0" x	66.3" x 53.3"	2365	16.38	12,835	13,210

1995 PRIZM FWD 4 cyl 1.8 liter MPFI DOHC Gas Engine(LV6)(16 valve)								
Bore & Stroke 3.2"x3.4"; Tax H.P. 16.38; SAE H.P. 115@5600; Torque 115@2800; P.D. 108 cu.in., 1.8 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 27/34								
5-PS 4-dr Sedan LSi	ISK19/B4M	97.0"	173.0" x	66.3" x 53.3"	2299	16.38	12,692	13,067
Auto. Trans. 4-speed; EPA Mileage Estimate								
5-PS 4-dr Sedan LSi	ISK19/B4M	97.0"	173.0" x	66.3" x 53.3"	2365	16.38	13,492	13,867
Options Prizm: Destination Charge-\$375; 1.8 liter DOHC MPFI Gas Engine(16 valve)-\$352; Auto. Trans. 3-speed(MX1)-\$495; Auto. Trans. 4-speed(MS7)-\$800; Preferred Equip. Groups (Base) 1SAX-std 1SBX-\$590 (LSI) 1SCX-std 1SDX-\$1545 1SFX-\$2240; Air Conditioning(C60)-\$795; 4 Wheel Anti-lock Brake System(JM4)-\$595; Cruise Control(K34)-\$175; Electric Rear Window Defogger(C49)-\$170; Power Door Locks(AU3)-\$220; Emission (Calif & Mass)-\$70; Electric Sunroof(CA1)-\$660; Trim (Leather)-\$595; Wheels (14" Alloy)(PG4)-\$335								

1995 TRACKER FWD 4 cyl 1.6 liter TBI SOHC Gas Engine(LS5)(8 valve)								
Bore & Stroke 2.95"x3.54"; Tax H.P. 13.92; SAE H.P. 80@5400; Torque 94@3000; P.D. 97 cu.in., 1.6 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 25/27								
4-PS 2-dr Convertible 2WD	E10367	86.6"	142.5" x	64.2" x 64.3"	2186	13.92	11,670	11,980
Auto. Trans. 3-speed(MX1); EPA Mileage Estimate 23/24								

CODES FOR OBJECT CONTACTED

02

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>E</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>135</u>	<u>010</u>	<u>011</u>	<u>017</u>	<u>016</u>	<u>011</u>	<u>004</u>	<u>+ 022</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

135

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

091

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

236

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

137

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9629

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 0

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 0

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 0

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 2 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 2 45. Roof 0 46. Other 0

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

No	—	DEFORMATION	=	
----	---	-------------	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st 47. _____	48. _____	49. _____	50. _____
2nd 51. _____	52. _____	53. _____	54. _____
3rd 55. _____	56. _____	57. _____	58. _____
4th 59. _____	60. _____	61. _____	62. _____
5th 63. _____	64. _____	65. _____	66. _____
6th 67. _____	68. _____	69. _____	70. _____
7th 71. _____	72. _____	73. _____	74. _____
8th 75. _____	76. _____	77. _____	78. _____
9th 79. _____	80. _____	81. _____	82. _____
10th 83. _____	84. _____	85. _____	86. _____

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION**Front Seat**

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

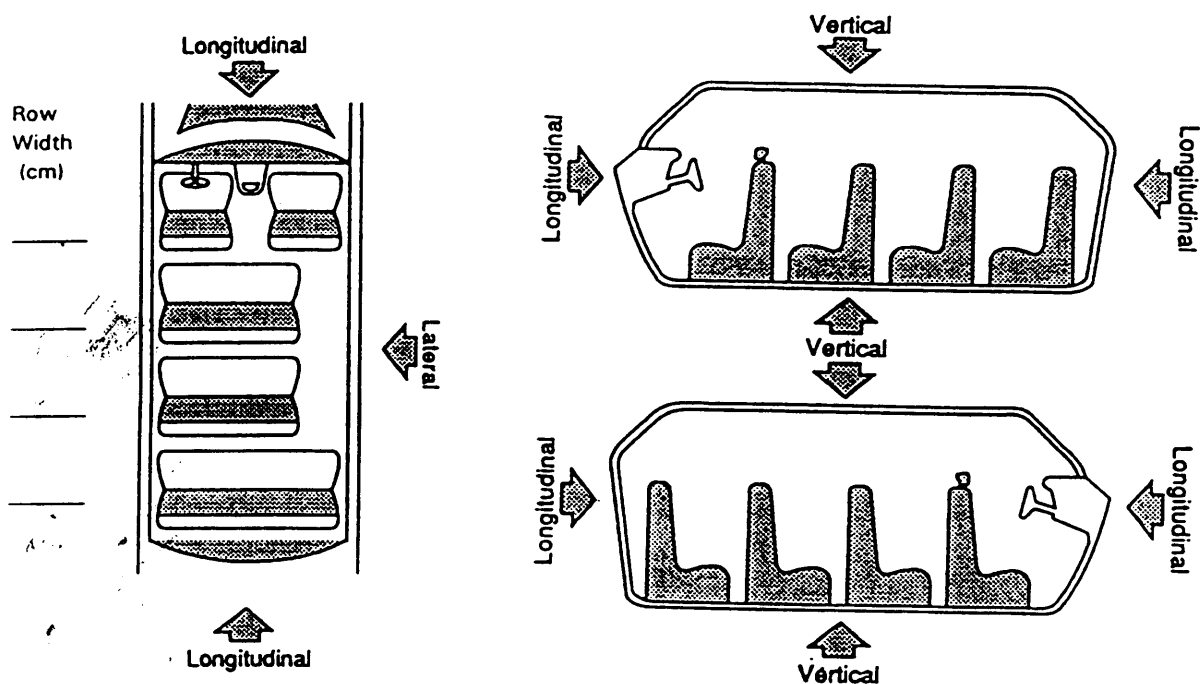
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
		-		=	
		No Intrusions			
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN**INSTRUMENT PANEL**

87. Steering Column Type 1
- (1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Tilt Steering Column Adjustment 0
- (0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

89. Telescoping Steering Column Adjustment 0
- (0) No telescoping steering column
(1) Full back
(2) Between full back and midpoint
(3) Midpoint
(4) Between midpoint and full forward
(5) Full forward
(9) Unknown

90. Steering Rim/Spoke Deformation 0 0
- Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

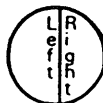
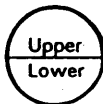
91. Location of Steering Rim/Spoke Deformation 0 0
- (00) No steering rim deformation

Quarter Sections

- (01) Section A
(02) Section B
(03) Section C
(04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



- (09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

92. Odometer Reading 0 2 3,000
- _____ kilometers
Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown
14.294 miles X 1.6093 = 23.004 kilometers
Source: ODOMETER

93. Instrument Panel Damage from Occupant Contact? 1
- (0) No
(1) Yes
(9) Unknown

94. Type of Knee Bolster Covering 2
- (0) No knee bolster
(1) Padded
(2) Rigid plastic
(8) Other (specify): _____
(9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 2
- (0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1
- (0) No glove compartment door
(1) No - door did not open
(2) Yes - door opened
(9) Unknown

97. Adaptive (Assistive) Driving Equipment 0
- (0) No adaptive driving equipment
(1) Adaptive driving equipment installed (Check all that apply.)
[] Hand controls for braking/acceleration
[] Steering control devices (attached to OEM steering wheel)
[] Steering knob attached to steering wheel
[] Low effort power steering (unit or device)
[] Replacement steering wheel (i.e., reduced diameter)
[] Joy-stick steering controls
[] Wheelchair tie-downs
[] Modification to seat belts (specify): _____
[] Additional or relocated switches (specify): _____
[] Raised roof
[] Wall-mounted head rest (used behind wheelchair)
[] Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	2
D-Air bag damaged?	01	04
E-Source of air bag damage	01	88
F-Air bag tethered?	2	1
G-Air bag have vent ports?	2	1
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?		

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): Occupant Contact
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): screw in deployment
- (95) Damaged, unknown source door
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2 (4")
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

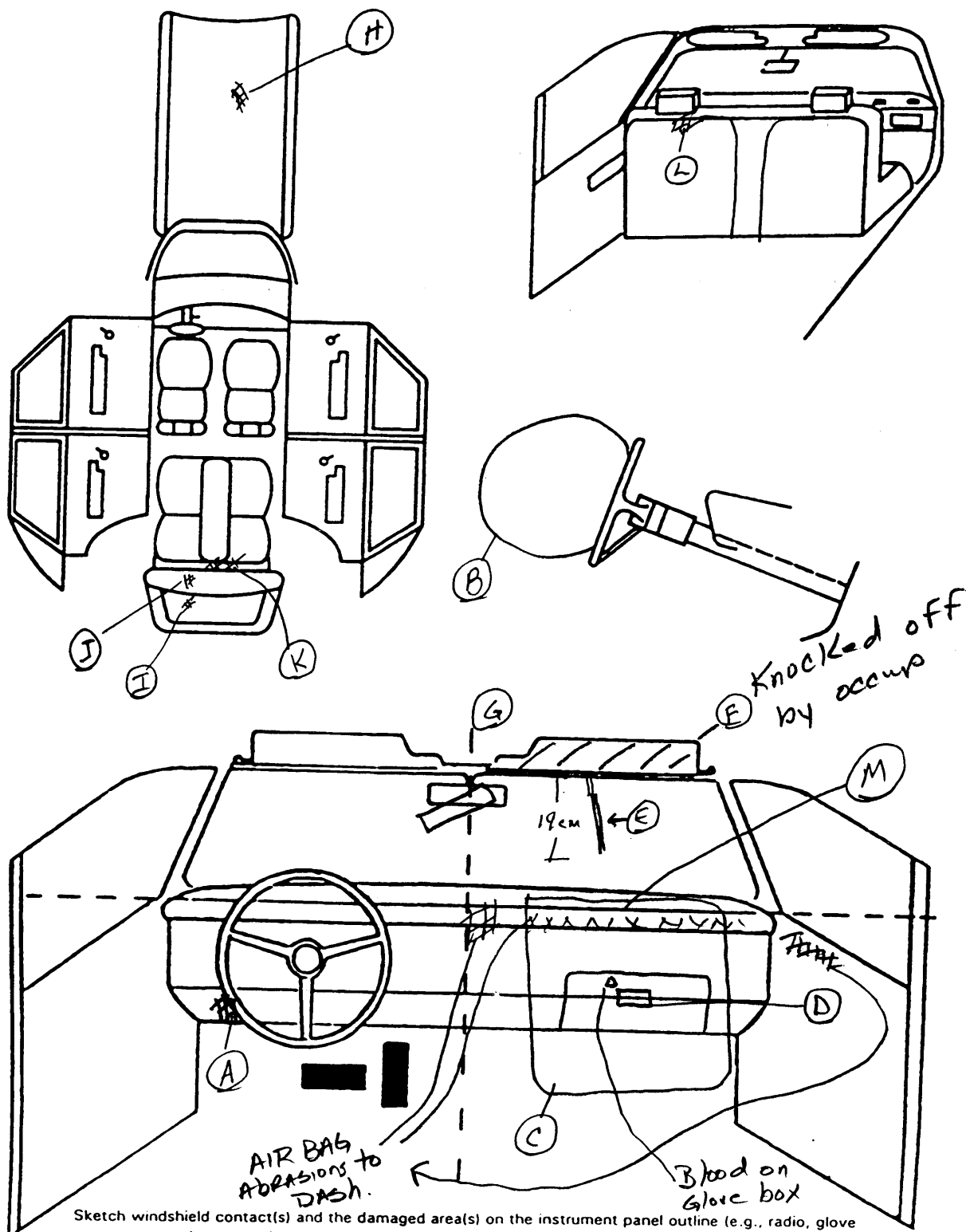
I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

SEE
PHOTO

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	016	1	① Knee	scuffed	①
B	170	1	FACE		③
C	180	2	NECK/FACE	SKIN/TISSUE	①
D	013	2	Knees	Handle broken blood	①
E	001	2	HEAD/ARM	OIL STREAK	①
F	003	2	HEAD	Broken off / SKIN	①
G	002	2	ARM	tilted	②
H	205	2	?	scuff	①
I	301	2		OIL SMUDGE	①
J	301	2		SKIN TRANS	①
K	151	2		SKIN	①
L	151	3	HEAD	GREASE SMUDGE	③
M	185	2	NECK	SKIN/oil	①
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	
	Deployment	/	/	
	Failure	/	/	

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	0	4
	B-Evidence of usage	04		04
	C-Used in this crash?	04		00
	D-Proper Use	1		4
	E-Failure Modes	1		1
	F-Anchorage Adjustment	1		1
SECOND	A-Availability	4	0	4
	B-Evidence of usage	04		04
	C-Used in this crash?	00		
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment	1		1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

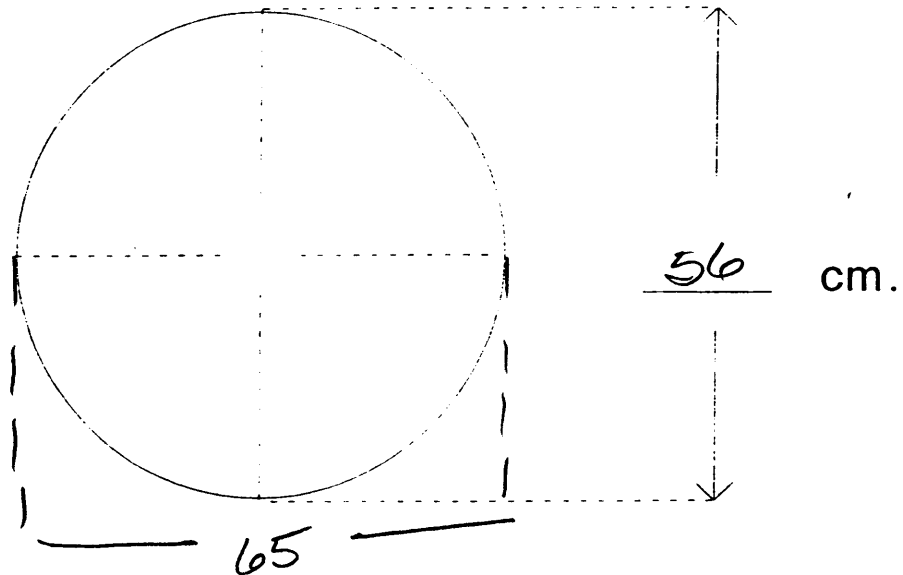
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

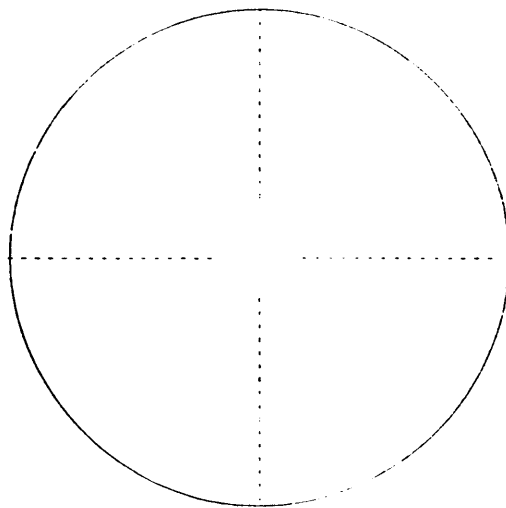
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

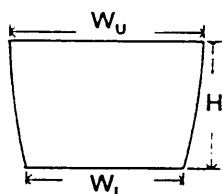


NO EVIDENCE
OBSERVED ON
DRIVER'S BAG

3. NUMBER OF DRIVER AIR BAG TETHER STRAPS? 2 WIDTH OF TETHER STRAP? 9 cm

DRIVER AIR BAG SKETCHES (Cont'd)

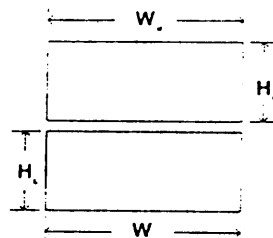
3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____height (H) _____

4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

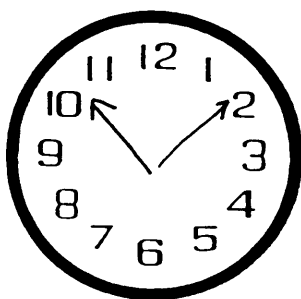
b. Lower Flap

width (W_U) 15width (W_L) 15height (H_U) 6height (H_L) 8

5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

8. NUMBER OF AIR BAG VENT PORTS? 2 ~~cm~~9. DIAMETER OF AIR BAG VENT PORTS? 3.5 cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

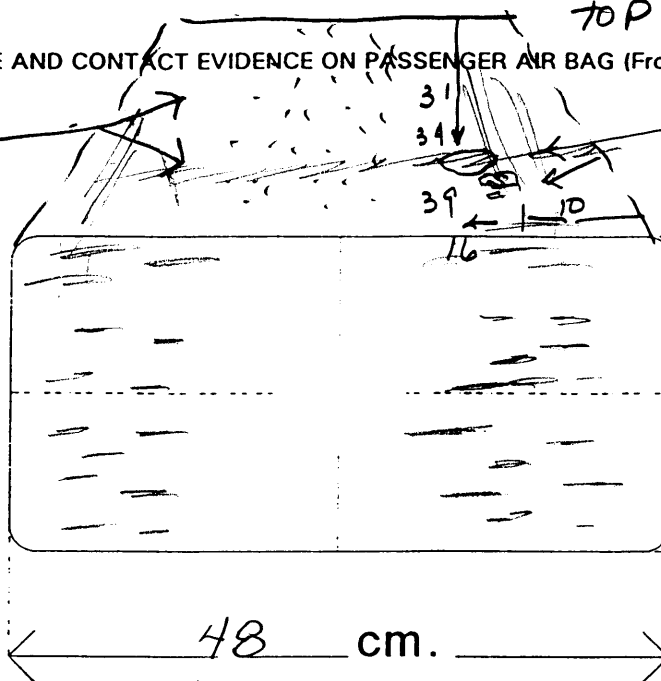
TOP SEAM

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)

TOP SEAM ATTACHMENT.

47cm SKIN/oil
TRANSFERS

END of
SKIN

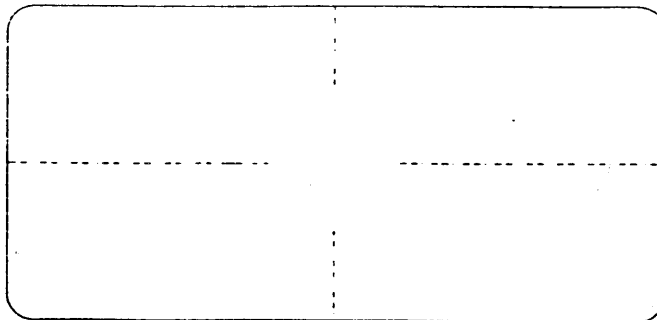


TEARS

Blue
TRANSFERS.

49cm. from
this occup
COAT

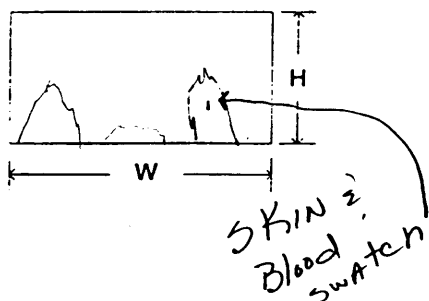
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

3. NUMBER OF PASSENGER AIR BAG TETHER STRAPS? 0WIDTH OF TETHER STRAP? 0 cm

PASSENGER AIR BAG SKETCHES (Cont'd)

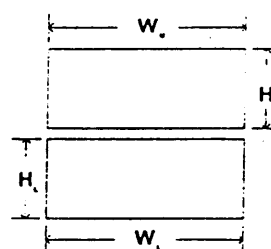
3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 35
height (H) 16

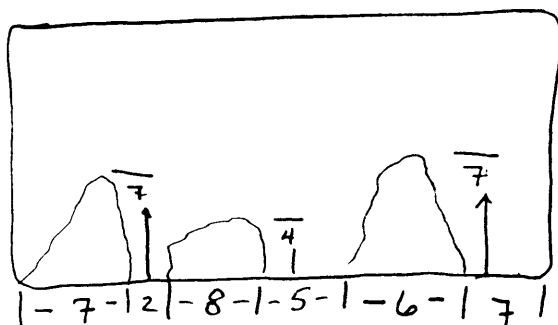


4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap
width (W_u) _____ width (W_l) _____
height (H_u) _____ height (H_l) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE



6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS

10	11	12	1	2
9		N/A		3
8	7	6	5	4

Distance from seatback
to Dash 63 cm (24 1/2 in)

w/ seat at full forward
position

8. NUMBER OF AIR BAG VENT PORTS? 0 ~~cm~~

9. DIAMETER OF AIR BAG VENT PORTS? N/A cm

10. DISTANCE BETWEEN FRONT OF
DASH AND LEADING (I.E., CLOSEST)
EDGE OF MODULE'S COVER FLAP? 5 cm

NO TETHERS

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	1		1
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	5		2 *
	E-Seat Back Incline Pre/Post Impact	14		14
	F-Seat Performance			
SECOND	A-Head Restraint Type/Damage	0		0
	B-Seat Type	05		05
	C-Seat Orientation	1		1
	D-Seat Track Position	1		1
	E-Seat Back Incline Pre/Post Impact	1		1
	F-Seat Performance			
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

* seat 1 notch from full FORWARD position
 note: when seatback lever moved seat track
 automatically slides forward in order to
 let out REAR PASSENGER

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	4					
1. Type of Child Safety Seat	3					
2. Child Safety Seat Orientation	02					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	01					
5. Child Safety Seat Tether Usage	01					
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used


Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)



HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

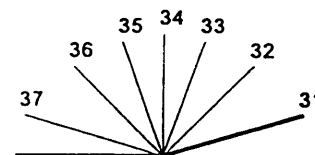
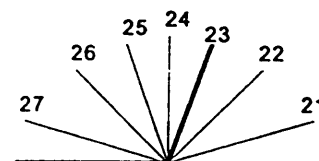
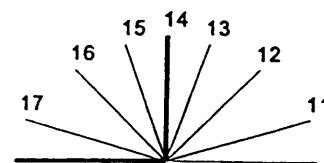
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):
Chevrolet
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):
Silverado K-1500
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

2GCEK19K0R1
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

____ mph X 1.6093 = ____ kmph

12. Speed Limit

- (000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

35 mph X 1.6093 = 56 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver
Code actual value (decimal implied
before first digit—0.xx)

- (95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

- (99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____

- (8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA19. Relation To Interchange Or Junction 0

- (0) Non-interchange area and non-junction
- (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)
- (1) Divided trafficway-median strip without positive barrier
- (2) Divided trafficway-median strip with positive barrier
- (3) One way traffic
- (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
- (2) Two
- (3) Three
- (4) Four
- (5) Five
- (6) Six
- (7) Seven or more
- (9) Unknown

22. Roadway Alignment 1

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

23. Roadway Profile 1

- (1) Level
- (2) Uphill grade (> 2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): _____
- (9) Unknown

25. Roadway Surface Condition 3

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

SNOW PACKED
ICE26. Light Conditions 1

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

27. Atmospheric Conditions 3

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
- (9) Unknown

28. Traffic Control Device 5

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): SPEED LIMIT

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): _____
- (2) Traffic control device functioning properly
- (9) Unknown

PRECRASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving** 01
(Prior To Recognition Of Critical Event)

- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement 01
(Prior to Recognition of Critical Event)

- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 54**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver

02

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

52

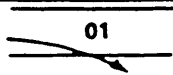
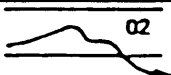
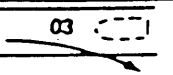
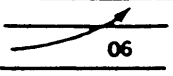
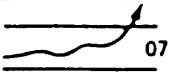

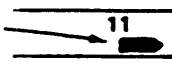
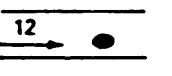
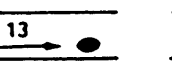
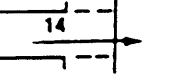
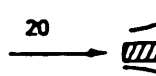
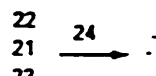
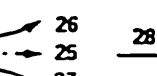
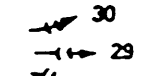

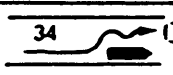
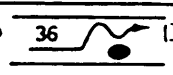
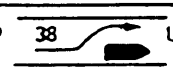
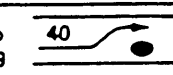
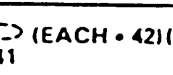
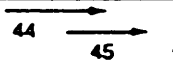
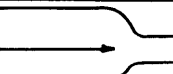
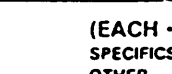

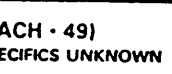
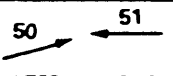

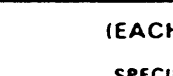


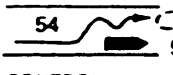
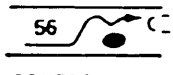

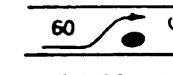
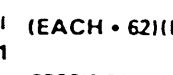





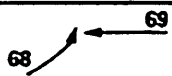
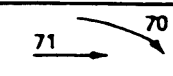
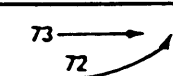

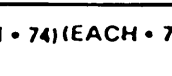
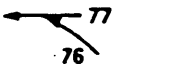
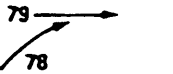
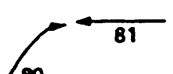
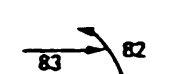
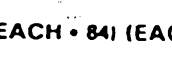










(Note: Applicable codes on back of this page)

- (00) No impact
- Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

narrow roadway

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 41 SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45 46 47	 45 46 47	 46 SPECIFICS OTHER	 47 SPECIFICS UNKNOWN	 48 SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS UNKNOWN	 53 SPECIFICS UNKNOWN	 54 SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 61 SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS UNKNOWN	 67 SPECIFICS UNKNOWN	 68 SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	 74 SPECIFICS UNKNOWN	 75 SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 SPECIFICS OTHER	 83 SPECIFICS UNKNOWN	 84 SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86	 88	 89 SPECIFICS OTHER	 90 SPECIFICS UNKNOWN	 91 SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	 98 Other Accident Type	 99 Unknown Accident Type	 00 No Impact

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

Page 5

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 00

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 2110
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
4658 lbs X .4536 = 2113 kgs
 Source: _____

44. Vehicle Cargo Weight 0090
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
200 lbs X .4536 = 90.7 kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 1
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 210
54. Heading Angle For Other Vehicle 035

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01
- (00) No vehicle inspection
- Delta V Calculated*
- (01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm
- Delta V Not Calculated*
- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

01010 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+0010-10 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

61. Lateral Component of Delta V

Highest

+0000 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

62. Energy Absorption

Highest

010,20010196 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

2

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

01010.4 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>0</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>2</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): <u>NO stringline / contour gauge set-up</u></p> <p>(3) Complete inspection</p>
	<p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>1</u></p> <p>Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9629</u>		

VEHICLE IDENTIFICATION

VIN 2GCEK19KOR1 [REDACTED] Model Year 94
Vehicle Make (specify): Chevrolet Vehicle Model (specify): Silverado 1500 4x4

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	25' W of center →		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 141.5 inches x 2.54 = 359.4 cm
 Overall Length ^{218.4}_{7.0} 225.4 inches x 2.54 = 572.5 cm⁺
 Maximum Width 77.1 inches x 2.54 = 195.8 cm
 Curb Weight 4,658 pounds x 0.4536 = 2,112.9 kg
 Average Track _____ inches x 2.54 = _____ cm
 Front Overhang 35.4 inches x 2.54 = 89.9 cm
 Rear Overhang 48.4 inches x 2.54 = 122.9 cm
 Undeformed End Width 70.9 inches x 2.54 = 180.1 cm
 Engine Size: cyl/disl. _____ cc x 0.001 = 5.7 L
 V-8 350 CID x 0.0164 = 5.7 L

Notes:

ORIG specs do not include bumper width which is 17.8 cm or 7"

* Curb weight - does not include add-on rear bumper (30 lbs) 14 Kg

5-speed manual
with 4.3L engine

4,528
100

V6 → V8

30
4,628

Additional weight
of transmission is
unknown

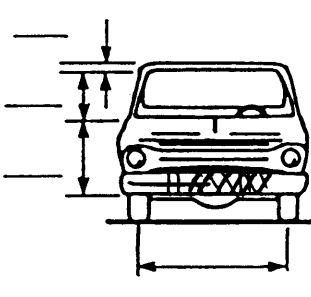
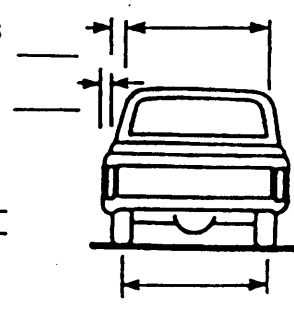
SPECIAL CRASH INVESTIGATION ADDENDUM

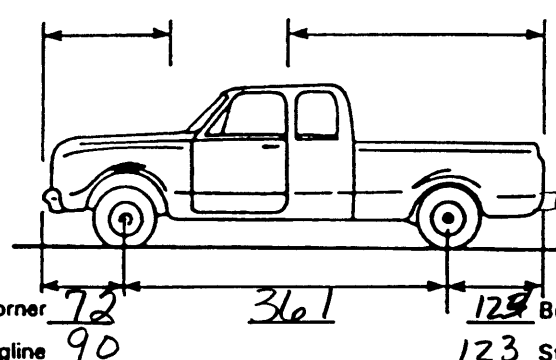
Submodel Designation: {specify}		Color: {specify} w/b D	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual		Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} <u>Power-assisted</u> Manual		Type: rack-and-pinion worm-and-gear Other	
{please describe}:			
Brakes: {circle} <u>Power-assisted</u> Manual		Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic <u>front disc, rear drum</u> Other:	
Observed Defects: {specify}			
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other			
{please describe}:			

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.	ORIGINAL SPECIFICATIONS Wheelbase <u>359</u> cm Overall Length <u>573</u> cm Maximum Width <u>196</u> cm Curb Weight <u>2113</u> kg Average Track _____ cm Front Overhang <u>90</u> cm Rear Overhang <u>123</u> cm Undeformed End Width <u>180</u> cm Engine Size: cyl./displ. <u>V8 5.7</u> L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees DRIVE WHEELS <input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD Approximate Cargo Weight _____ kg
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No		

MEASUREMENTS IN CENTIMETERS

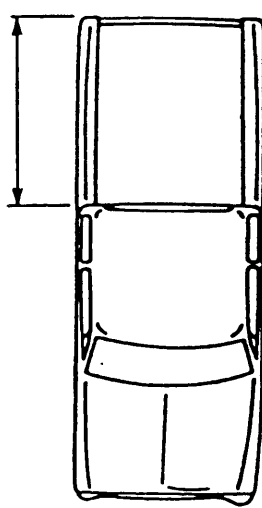
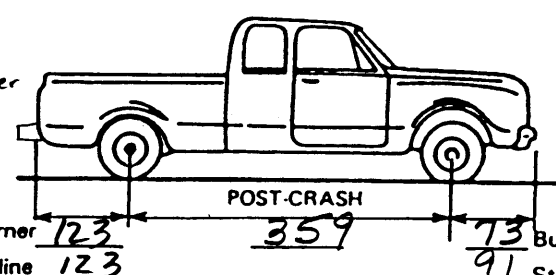


ADD-on
Rear
Bumper

Bumper corner 72
Stringline 90

361

Bumper corner 123
Stringline 123

ADD-on
Rear bumper

POST-CRASH

Bumper corner 123
Stringline 123

359

Bumper corner 73
Stringline 91

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CHEVROLET GASOLINE ENGINES

MODEL	2.2L (133) 4-IL L4	4.3L (262) V-6 LB4	4.3L (262) V-6 LB4
Available with	S/T-10	SportVan/ChevyVan	G&P Series-C/K Series
Type	Valve-in-Head	Valve-in-Head	Valve-in-Head
Displacement	133 cubic inches	262 cubic inches	262 cubic inches
Bore & Stroke	3.50 x 3.46"	4.00 x 3.48"	4.00 x 3.48"
Net Horsepower	118 @ 5200 RPM	155 @ 4000**	155 @ 4000 RPM*
Net Torque	130 @ 2800 RPM	230 @ 2000	230 @ 2400 RPM
Compression Ratio	9.0:1	9.1:1	8.3:1
Carburetor/Injector	Rochester EFI	Throttle Bore Inj.	Throttle Bore Inj.
MODEL	4.3L (262) V-6 LB4	4.3L (262) V-6 LB4	4.3L (262) V-6 LB4
Available with	S-10 PU /S-10 Blazer	C/K	Astro/S Blazer
Type	Valve-in-Head	Valve-in-Head	Valve-in-Head
Displacement	262 cubic inches	262 cubic inches	262 cubic inches
Bore & Stroke	4.00 x 3.48"	4.00 x 3.48"	4.00 x 3.48"
Net Horsepower	165 @ 4000 RPM*	165 @ 4000 RPM**	200 @ 4400 RPM
Net Torque	235 @ 2400 RPM	235 @ 2000	260 @ 3600
Compression Ratio	9.1:1	8.3:1	9.1:1
Carburetor/Injector	Throttle Bore Inj.	Throttle Bore Inj.	Rochester CPI
MODEL	4.3L (262) V-6 LU2	5.0L (305) V-8 LO3	5.0L (304) V-8 LO3
Available with	C/K & S-10 PickUps	ChevyVan/Sportvan	C/K
Type	Valve-in-Head	Valve-in-Head	Valve-in-Head
Displacement	262 cubic inches	305 cubic inches	305 cubic inches
Bore & Stroke	4.00 x 3.48"	3.74 x 3.48"	3.74 x 3.48"
Net Horsepower	195 @ 4500 RPM	170 @ 4000 RPM	160 under 6000 GVWR 175 over 6000 GVWR
Net Torque	260 @ 3600 RPM	265 @ 2400 RPM	250 under 6000 GVWR 270 over 6000 GVWR
Compression Ratio	9.1:1	9.1:1	9.1:1
Carburetor/Injector	Rochester CPI	Rochester EFI	Rochester EFI
MODEL	5.7L (350) V-8 LO5	5.7L (350) V-8 LO5	5.7L (350) V-8 LO5
Available with	C/K, G&P Models	ChevyV/SportV/C/K	C/K/Subrbrn/VBlazer
Type	Valve-in-Head	Valve-in-Head	Valve-in-Head
Displacement	350 cubic inches	350 cubic inches	350 cubic inches
Bore & Stroke	4.00 x 3.48"	4.00 x 3.48"	4.00 x 3.48"
Net Horsepower	190 @ 4000 RPM*	195 @ 4000 RPM	210 @ 4000 RPM
Net Torque	300 @ 2400 RPM	290 @ 2400 RPM	300 @ 2800 RPM
Compression Ratio	9.1:1	8.3:1	9.1:1
Carburetor/Injector	Rochester EFI	Rochester EFI	Rochester EFI
NOTE: w/5.7L eng., Dual exhaust for 49 State cert.; Single exhaust w/CA cert.			
* For models over 8500 GVWR		** For models under 8500 GVWR	
MODEL	7.4L (454)V-8 L19*	6.0L (366) V-8 LSO	7.0L (427) V-8 LRO
Available with	C/K, G & P Models	C5, C6, C7	C7
Type	Valve-in-Head	Valve-in-Head	Valve-in-Head
Displacement	454 cubic inches	366 cubic inches	427 cubic inches
Bore & Stroke	4.25 x 4.00"	3.94 x 3.76"	4.25 x 3.76"
Net Horsepower	230 @ 3600 RPM	210 @ 4000 RPM	235 @ 3800 RPM
Net Torque	385 @ 1600 RPM	325 @ 2400 RPM	385 @ 2400 RPM
Compression Ratio	7.9:1	8.1:1	8.0:1
Carburetor/Injector	Rochester EFI	Rochester EFI	Rochester EFI
* For use with Light Duty Trucks			

CHEVROLET

CHEVROLET SIERRA SERIES PICKUPS K-1500 4X4

GVW Ratings: 6,100-6,600 Lbs.

ENGINE: Standard: 4.3L, 262 cid V-6, 165 NHP @ 4000 RPM, 235 NT @ 2400

Optional: 5.0L, 305 cid V-8, 175 NHP @ 4000 RPM, 270 NT @ 2800

5.7L, 350 cid V-8, 210 NHP @ 4000 RPM, 300 NT @ 2800

Calif. Engines: Above engines certified for use in 50 States

MODELS AVAILABLE: 117.5" wb. Reg. Cab, 6.5' box, Sportside 4x4, 194.4" OAL

117.5" wb. Reg. Cab, 6.5' box, Fleetside 4x4, 194.4" OAL

131.5" wb. Reg. Cab, 8' box, Fleetside 4x4, 213.1" OAL

141.5" wb. Ext. Cab, 6.5' box, Fleetside 4x4, 218.4" OAL

141.5" wb. Ext. Cab, 6.5' box, Sportside 4x4, 218.4" OAL

155.5" wb. Ext. Cab, 8' box, Fleetside 4x4, 237.1" OAL

GVWR

6,100 lbs.

6,200 lbs.

6,600 lbs.

MINIMUM EQUIPMENT REQUIRED FOR GVW RATING

Standard, Regular Cab Fleetside or Sportside (K10703)

Standard, Extended Cab (K10753 & K10953)

Extended Cab - HD Chassis equipment

CURB WEIGHTS & DIMENSIONS: (Standard equipment)

Model	Front	Rear	Total	WB	IBL	BA	CA	OH	GF	Turn dia.
K10703	2,448	1,697	4,145	117.5	78.7	35.4	42	73.8	32.4	42.3' w/w
K10703*	2,448	1,720	4,168	117.5	78.7	35.4	42	73.8	32.4	42.3' w/w
K10703+	2,457	1,757	4,214	117.5	78.7	35.4	42	73.8	32.4	42.3' w/w
K10903	2,528	1,766	4,294	131.5	97.6	35.4	56	73.8	32.4	46.3' w/w
K10903+	2,537	1,826	4,363	131.5	97.6	35.4	56	73.8	32.4	46.3' w/w
K10753	2,686	1,842	4,528	141.5	78.7	35.4	42	73.8	32.4	49.8' w/w
K10753*	2,686	1,865	4,551	141.5	78.7	35.4	42	73.8	32.4	49.8' w/w
K10953	2,754	1,977	4,731	155.5	97.6	35.4	56	73.8	32.4	53.7' w/w

* Sportside models

+ Work Truck Pkg.

GENERAL SPECIFICATIONS

FRONT AXLE: Ind. susp., hypoid drive, rated capacity, 3,925 lbs.; ratio 3.42;

Ground clear. w/Reg., 8.6"; w/Ext. wbs., 9.2"; Shift-on-the-fly 4WD.

REAR AXLE: Semi-floating, single reduction, hypoid drive, rated capacity 3,750 lbs.

3.42 ratio; Ground clearance, w/Reg., 9.0"; w/Club, 9.6". Optional: Locking differential rear axle; 3.73, 4.10 ratios.

SERVICE BRAKES: Vacuum power 9.5" dual diaphragm power brake booster; Front

w/Reg.Cab - 11.57" x 1.0" rotor disc 34.8 sq. in. facing. w/Ext.Cab. 11.57 x

1.25" disc (Opt. w/Reg.Cab); Rear - 10 x 2.25" drum 84.88 sq. in. facing Rear

anti-lock syst. Optional: w/6600 lb GVWR, 11.15 x 2.75" drum rear.

PARKING BRAKES: Cable actuated rear service brakes.

CLUTCH: 11" diameter. Optional: 12" diameter w/5.7L engine.

COOLING SYSTEM: 3.6 gallon system, 358 sq.in. radiator, 18" dia. 5-blade fan.

DRIVE LINE: Tubular shafts, needle bearing universal joints.

ELECTRICAL SYSTEM: 12 volt; 100 amp. alternator; 800 CCA battery.

FRAME: 36,000 psi carbon steel, channel-section-frame, ladder type construction;

w/Reg.Cab, 7.48 x 2.28 x 0.134" side rails, 3.32 section modulus; w/Ext.Cab,

7.48 x 2.28 x 0.165" side rails, 4.06 sect. mod.

FUEL TANK: w/117 & 141" wbs., 25 gal. cap.; w/131 & 155" wbs., 34 gal. cap.

STEERING: GM Integral power steering, ratio 16/13:1 Optional: Tilt wheel.

SUSPENSION: Front - Independent torsion bars, capacity at ground 1,800 lbs. each.

Rear - Semi-elliptic, Two-stage, Multi-leaf steel springs, capacity at ground

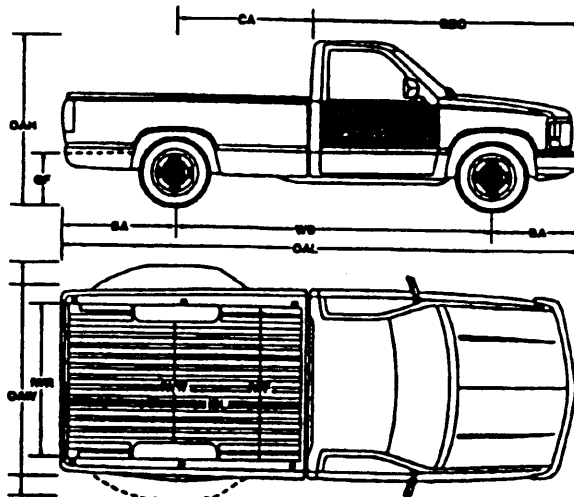
1,875 lbs. each; Front & rear 25mm shocks; Front 1" stabilizer bar. Optional:

w/Ext.Cab only, 32mm or 46mm front & rear shocks

CHEVROLET

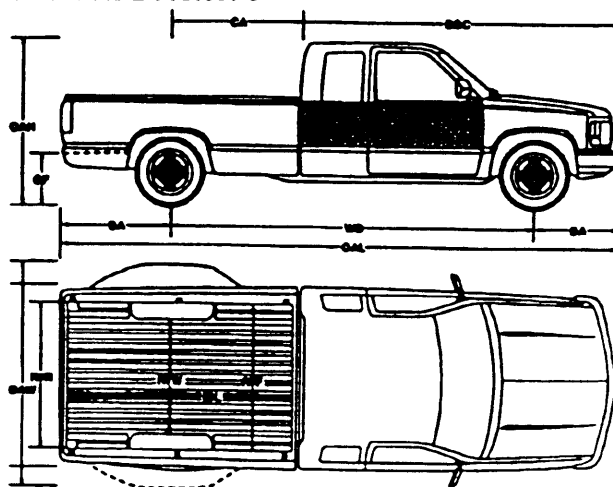
CHEVROLET PICKUPS C/K-1500, 2500, 3500

REGULAR CAB FLEETSIDE PICKUPS



CHEVROLET

EXTENDED CAB FLEETSIDE PICKUPS



CHEVROLET SIERRA PICKUP K-1500 4X4

TRANSMISSION: 5-speed manual w/OD, ratios 4.02, 2.32, 1.40, 1.00, 0.73, reverse 3.74. Optional: 4-sp. Automatic w/OD.

TRANSFER CASE: New Process 241; 2-speed, 2.72, 1.00; single lever.

WHEELS AND TIRES: w/Reg.Cab, LT225/75R16C (LT245/75R16C w/Ext.Cab) steel belted radial front & rear tubeless tires, on 16x6.5" rims, disc wheels.

STANDARD EQUIPMENT: Cheyenne trim; Poly-wrapped paper element air filter; Throw away oil filter; Single aluminized exhaust system; 2-sp. elec. windshield wipers/washers; Full width bench seat; Engine oil cooler; Low coolant sensor; Shift-on-the-fly 4WD; AM radio; Front tow hooks.

OPTIONAL EQUIPMENT: Silverado trim; WT Work Truck; Air conditioner; Pre-air cleaner; Bright appearance pkg.; Skid plate pkg.; Front Quad shocks; Side mounted spare wheel carrier (N/A w/141" wb.); Bucket seats; Rear folding bench seat (Ext.Cab only); Electronic speed control; High Alt. emission equip.; Chromed bumpers; Trailer hitch; Upgraded radio equip..

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>L</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
--------------	--------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------

_____ + _____
_____ - _____

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
--------------	--------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------

_____ + _____
_____ - _____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

180

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

090

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

359

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

999

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form

Page 5

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

0

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

0

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

0

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

0

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

0

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

4

36. Location of Fuel Tank-2 Filler Cap

0

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

1

38. Type of Fuel Tank-2

0

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

4

40. Location of Fuel Tank-2

0

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

1

42. Damage to Fuel Tank-2

0

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form

Page 6

43. Leakage Location of Fuel System-1 144. Leakage Location of Fuel System-2 0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1 0146. Fuel Type-2 00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

- (0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 96 29

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 3 19. RR 3
20. BL 2 21. Roof 0 22. Other 0

- (0) No glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted (original)
- (4) AS-2 — Tempered-with after market tint
- (5) AS-3 — Tempered-tinted (with additional after market tint)
- (6) AS-14 — Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 1 27. RR 1
28. BL 2 29. Roof 0 30. Other 0

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 0 38. Other 0

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 0

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

No - DEFORMATION =				
--------------------	--	--	--	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

MAGNITUDE OF INTRUSION

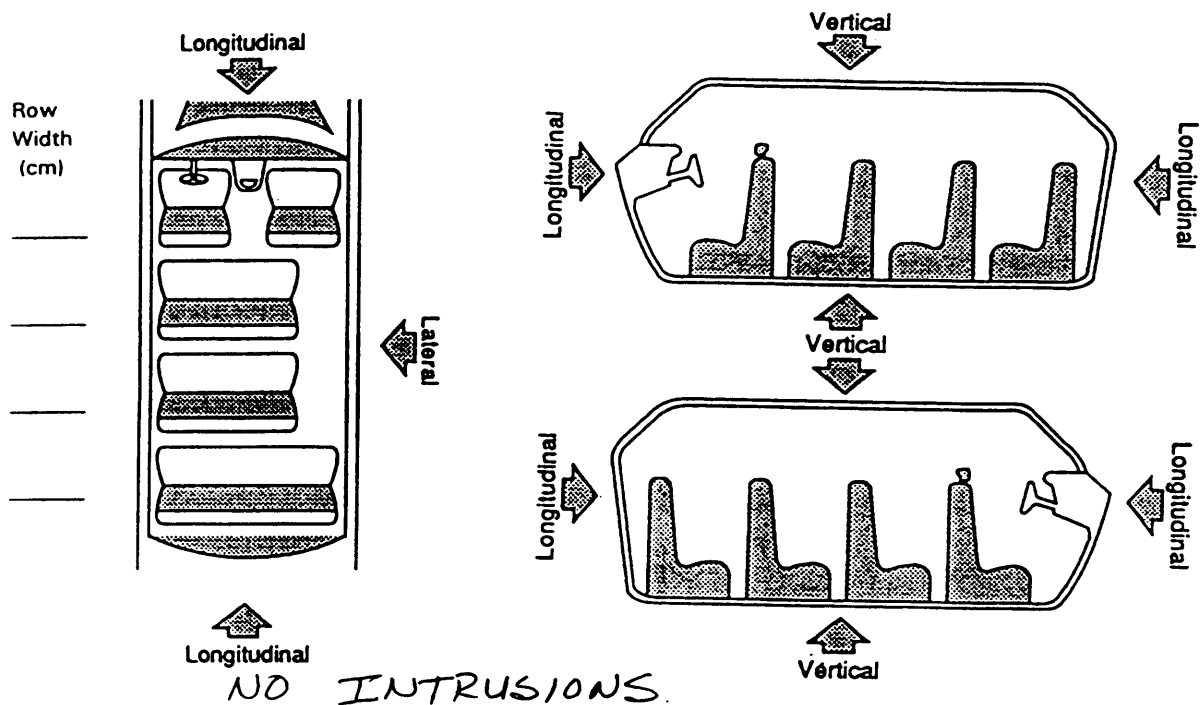
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
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		-		=		
		-		=		
		-		=		

Document no more than the 15 most severe intrusions

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

2

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

4

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

0

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

00

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

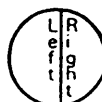
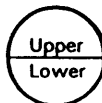
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke
 (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

00

92. Odometer Reading

137,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

85106 miles X 1.6093 = 136965 kilometersSource: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

0

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

0

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

0

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

0

97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify): _____
 [] Additional or relocated switches (specify): _____
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify): _____

0

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	0	0
B-Flaps open at tear points?	0	0
C-Flaps damaged?	0	0
D-Air bag damaged?	00	00
E-Source of air bag damage	00	00
F-Air bag tethered?	0	0
G-Air bag have vent ports?	0	0
H-Other occupant contact air bag?	0	0
I-Occupant wearing eyewear?	0	0

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

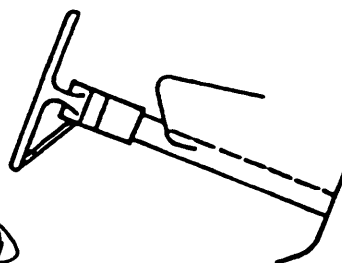
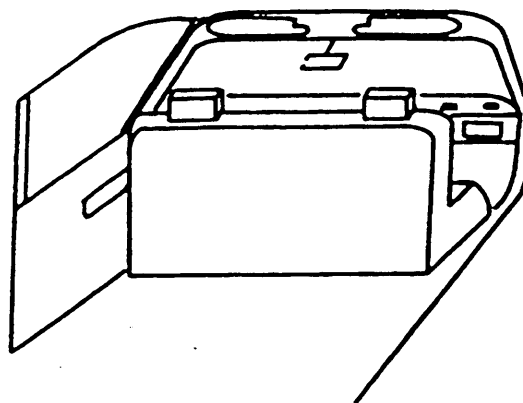
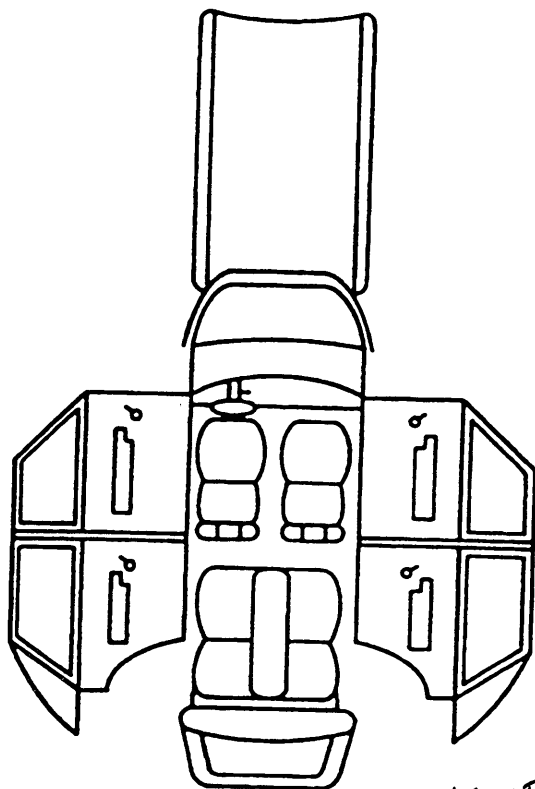
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

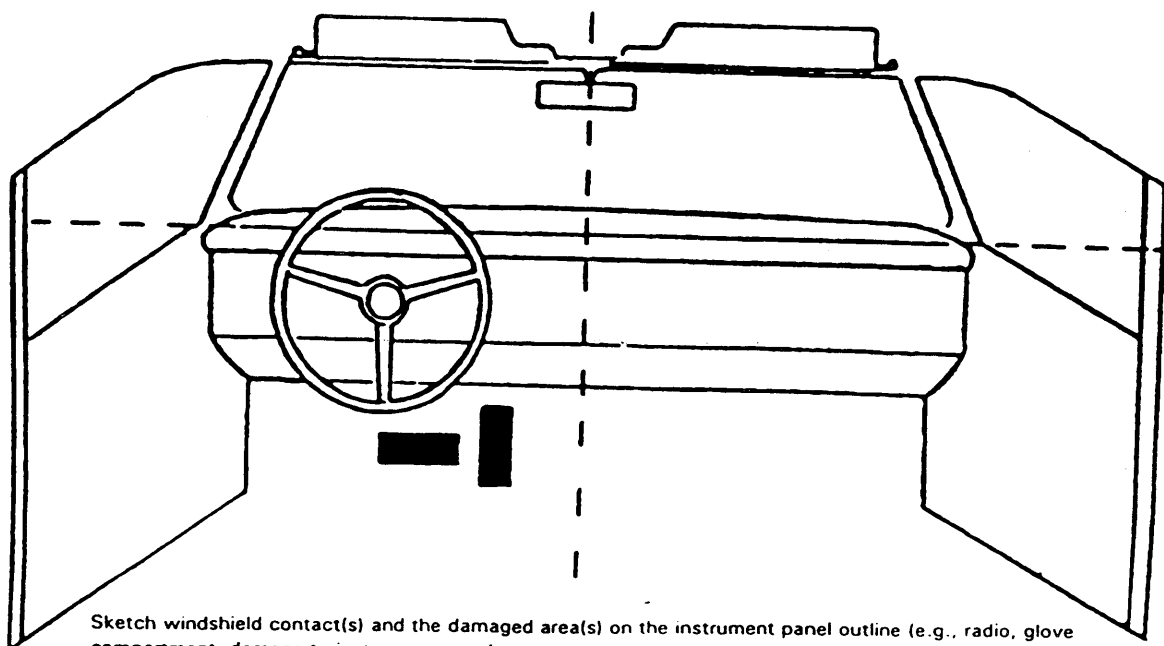
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



NONE FOUND



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify): _____
 (019) Other front object (specify): _____

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify): _____
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify): _____
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify): _____
 (155) Head restraint system
 (160) Other occupants (specify): _____
 (161) Interior loose objects
 (162) Child safety seat (specify): _____
 (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify) _____
 (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify): _____
 (409) Additional or relocated switches, (specify): _____
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	0	0	
	Deployment	0	0	
	Failure	0	0	

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	04	00	00
	D-Proper Use	1	0	0
	E-Failure Modes	1	0	0
	F-Anchorage Adjustment	1	0	1
SECOND	A-Availability	4	3	4
	B-Evidence of usage	00	00	00
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____

- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

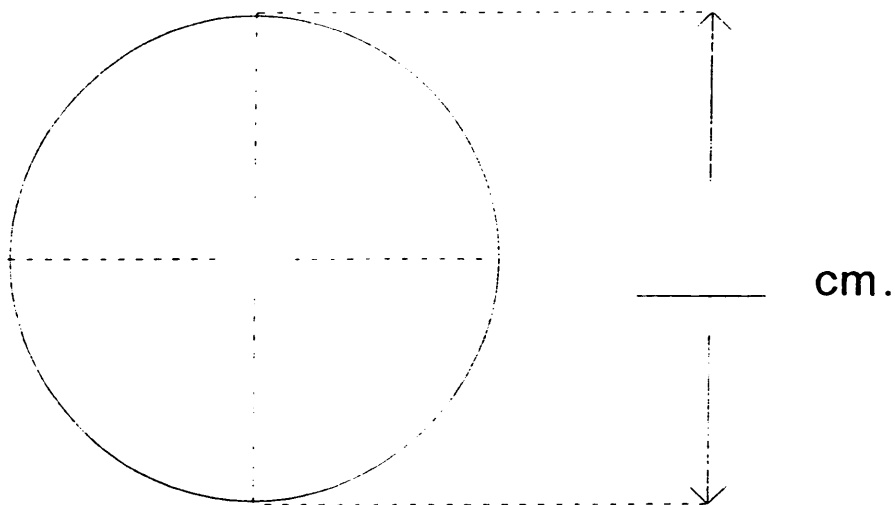
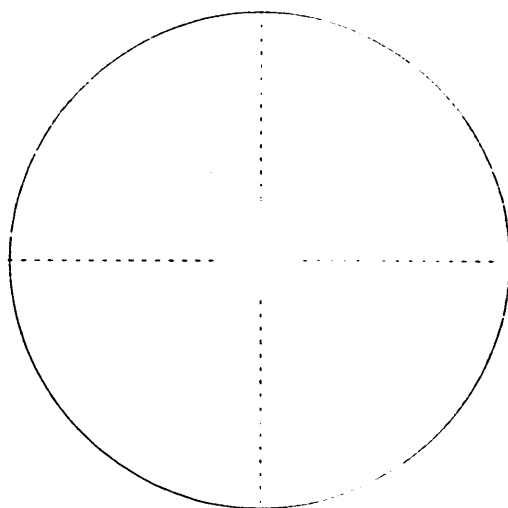
- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**

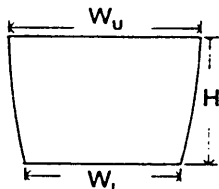
3. NUMBER OF DRIVER AIR BAG TETHER STRAPS? _____ **WIDTH OF TETHER STRAP?** _____ cm

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



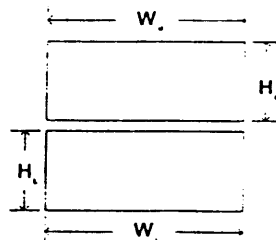
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____

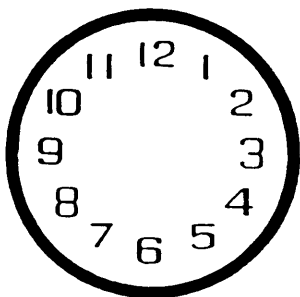
height (H_U) _____ height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

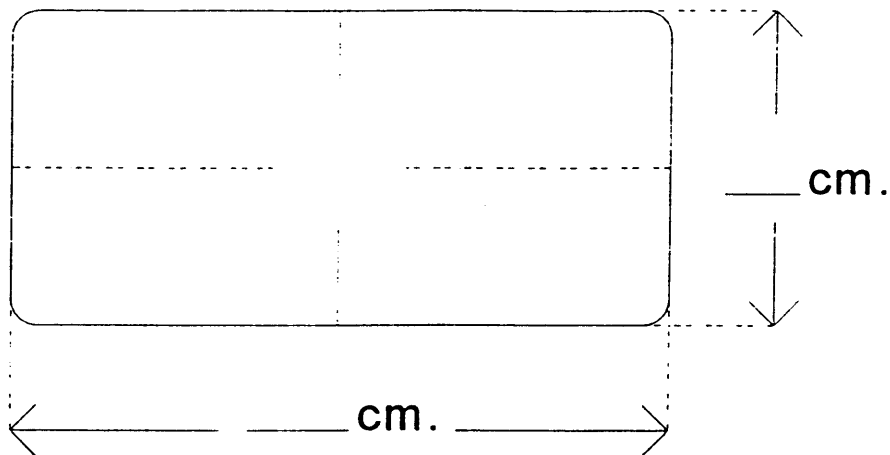
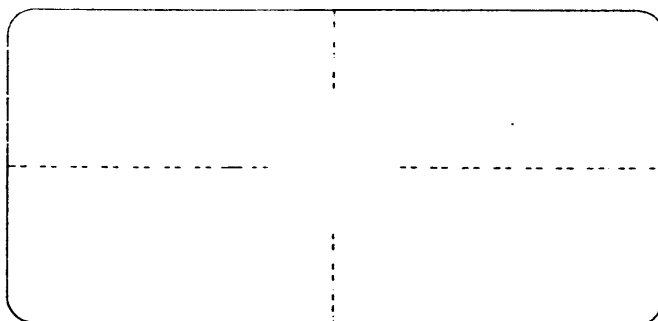
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



8. NUMBER OF AIR BAG VENT PORTS? _____ cm

9. DIAMETER OF AIR BAG VENT PORTS? _____ cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

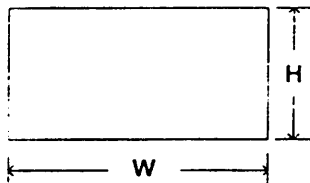
3. NUMBER OF PASSENGER AIR BAG TETHER STRAPS? _____ **WIDTH OF TETHER STRAP?** _____ cm

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

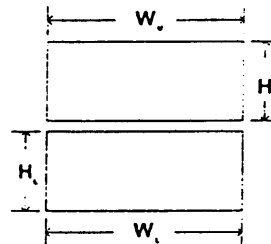
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

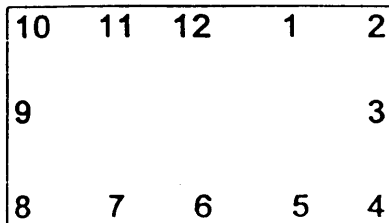
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



8. NUMBER OF AIR BAG VENT PORTS? _____ cm

9. DIAMETER OF AIR BAG VENT PORTS? _____ cm

10. DISTANCE BETWEEN FRONT OF DASH AND LEADING (I.E., CLOSEST) EDGE OF MODULE'S COVER FLAP? _____ cm

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	1	0	1
	B-Seat Type	07	07	07
	C-Seat Orientation	1	1	1
	D-Seat Track Position	6	5	5
	E-Seat Back Incline Pre/Post Impact	24	14	14
	F-Seat Performance	1	1	1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat	N O N E					
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat

- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

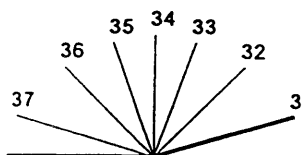
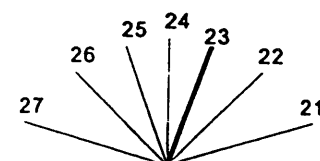
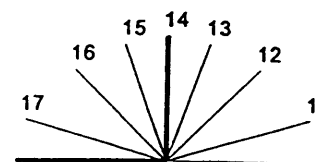
- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

- (7) Combination of above (specify): _____

- (8) Other (specify): _____

- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

**NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

Interviewee(s) Role or Name(s):

DRIVER AND

2. Case Number - Stratum

9629occup #3

3. Vehicle Number

01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

We were going to Doctor's office. My 2 year old was crying in back my wife switched w/ my 4 yr old

Coming down incline came around corner saw truck applied brakes turned wheels to (R) to go in ditch but car kept straight pretty much in middle of road @ impact.

PRIOR to braking going 5mph.
TRUCK was close to being stopped

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

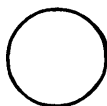
on way being thrown back he hit my 2 year old in nose and broke my wife's glasses

Parents
Guessing

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

Do you recall how [REDACTED] was sitting just prior to the crash?
I Buckled him up so I really can't say how he was sitting

ACCIDENT DIAGRAM



Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

NORTH

HAD shoulder belt behind him. WAS buckled.
he was tall enough so he didn't have to get on his knees

- At Impact how DID ~~_____~~ move. I heard something hit back window. I Didn't see him fly back there. Laying in back.

who removed ~~_____~~ from veh? ~~_____~~ - I took him out ~~_____~~ got out thru Driver door *

How was he positioned prior to removal?

Laying partially on baby seat (lower body)

Witness

I was sittin on the couch.

I heard a loud thump. And went outside both vehs sitting still. 1/2 Dr out first.

Both parents came out screaming mother went out hatchback. now (~~_____~~) REACHED back in & got baby

mother SAID later he wasn't in seatbelt.
SAW no body come out PASS DOOR
DAD opened door & fell out

~~_____~~ (Daughter) [↑] SAW TRNA come out hatch screaming wheels turned both cars straight.

~~_____~~ ~~_____~~

~~_____~~ worked on baby

* went out back hatch (~~_____~~)
other driver removed 2yr old from REAR.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Slush <input checked="" type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Other (specify) <i>flurries</i>
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <i>5</i> <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes (describe) <i>ICE</i>
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input checked="" type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input checked="" type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <i>5</i> <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION	
YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>Geo</u> Model: <u>METRO</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <u>BRAND NEW</u> <u>(too them)</u> <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <div style="text-align: center;"> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other </div> <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<u>All closed</u> <div style="text-align: center;"> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <div> "O" = open "P" = partially open </div> <div> "C" = Closed "U" = Unknown </div> </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No [] Unknown <input checked="" type="checkbox"/> Yes - describe: <u>small baby car seat besides other</u> <u>car seat</u> Approximate weight - <u>5</u> pounds
VEHICLE MILEAGE	_____ miles [] Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: _____ _____	

National Accident Sampling System-Crashworthiness Data System: Interview Form

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input checked="" type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input checked="" type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input checked="" type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: <u>Since 1966</u> Months: <u>6</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>About 6500</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>Grandma's</u>
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>ER for X-RAYS</u>

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # 2	OCCUPANT # 3
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	2M
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'9" WEIGHT: 205 AGE: 25 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 42" 106.7 WEIGHT: 40/65 AGE: 4 XXXX 18.1	M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'7" 170.2 WEIGHT: 235 104.3 AGE: 21 XXXX
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input checked="" type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input checked="" type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above trying to calm DOWN 2 year old
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed Both feet on brake (F) (J)	Indicate all letters that apply and further describe as needed Both on floor Legs spread (L) touching (R) seatback (R) bucking (R) seatback Holding 2 years old hand w/ (R) hand (L) on LAP.	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

National Accident Sampling System-Crashworthiness Data System: Interview Form

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <i>leaning forward just a little.</i>																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input checked="" type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input checked="" type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	PRE	POST	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	PRE	POST	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	PRE	POST	<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright																																																		
<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
PRE	POST																																																		
<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable																																																		
<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright																																																		
<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined																																																		
<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined																																																		
<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright																																																		
<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Unknown																																																
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Unknown																																																

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Not available * * Describe: <i>no middle belt</i>
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2 - point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3 - point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input checked="" type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

National Accident Sampling System-Crashworthiness Data System: Interview Form

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

How did occupant(s) depart the crash scene?

☐ Ambulance
☒ Police or Tow vehicle
☐ Relative (specify)
☐ Friend (specify)
☐ Other (specify)

☒ Ambulance
☐ Police or Tow vehicle
☐ Relative (specify)
☐ Friend (specify)
☐ Other (specify)

☐ Ambulance
☒ Police or Tow vehicle
☐ Relative (specify)
☐ Friend (specify)
☐ Other (specify)

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)
☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

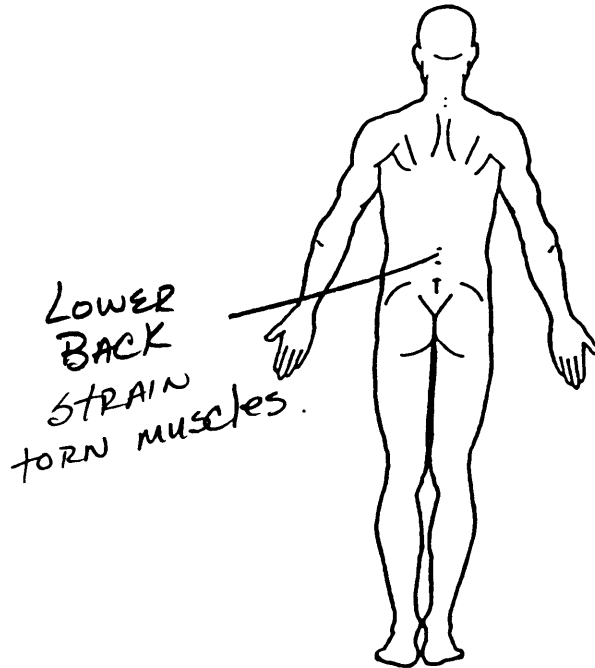
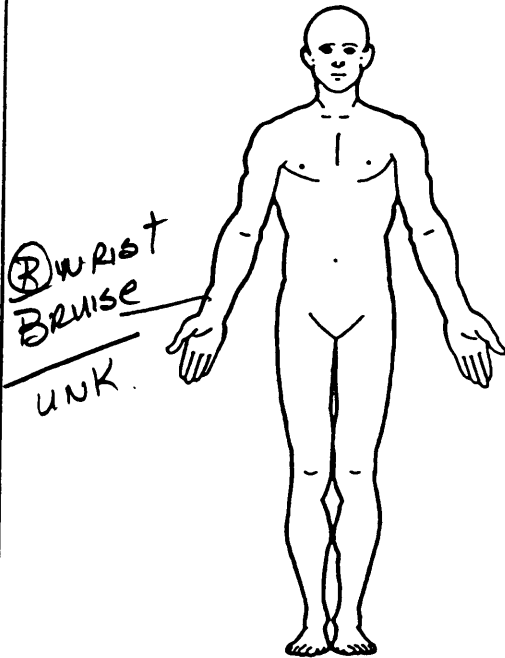
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
MAKE AND MODEL OF THE SAFETY SEAT?		<i>Century</i>	
TYPE OF SEAT?		<input type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input checked="" type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input checked="" type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

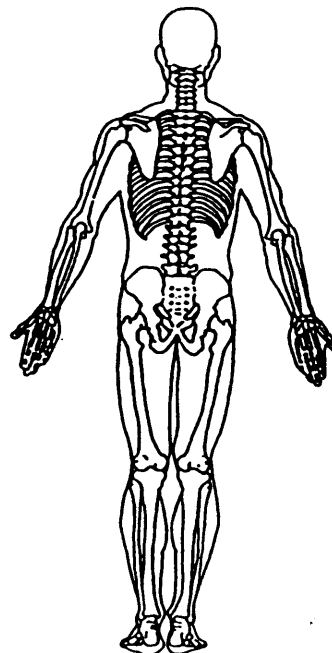
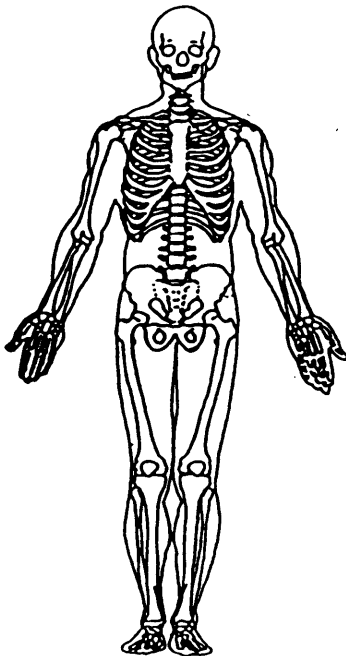
[illegible]

PSU Number 10Case Number—Stratum 9629Vehicle Number 01Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



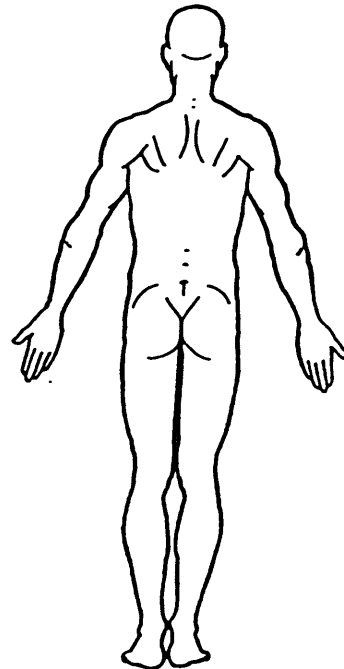
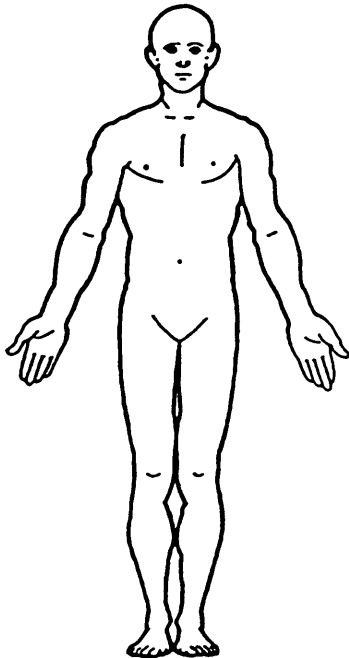
SKELETAL INJURIES



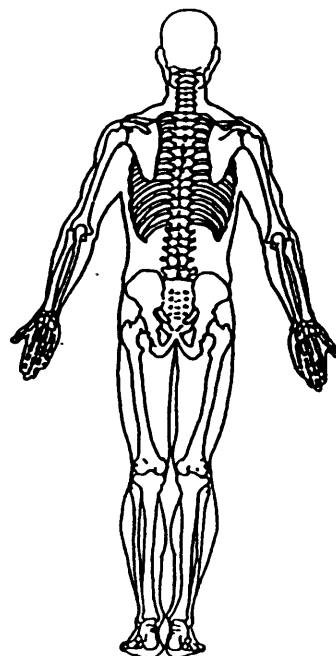
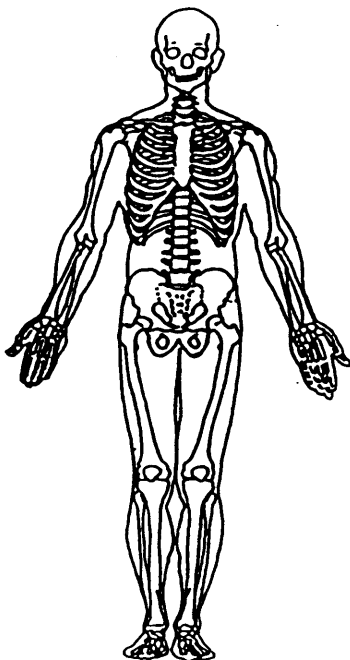
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9629 Vehicle Number 01 Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES

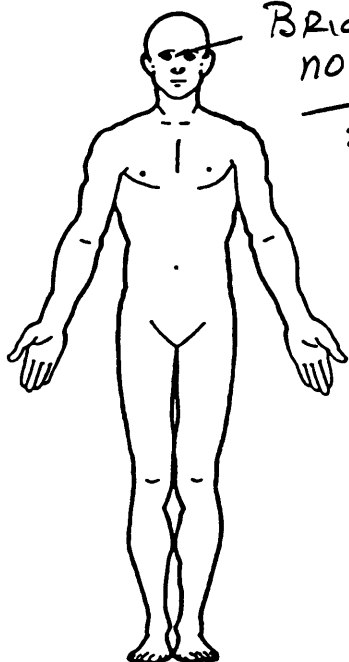
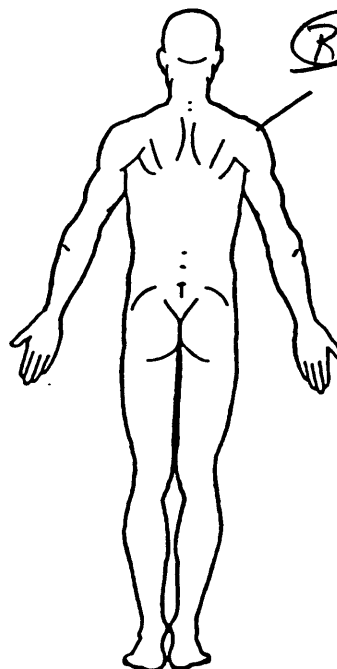


The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

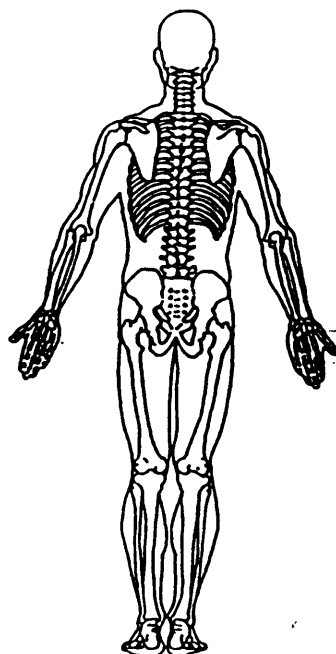
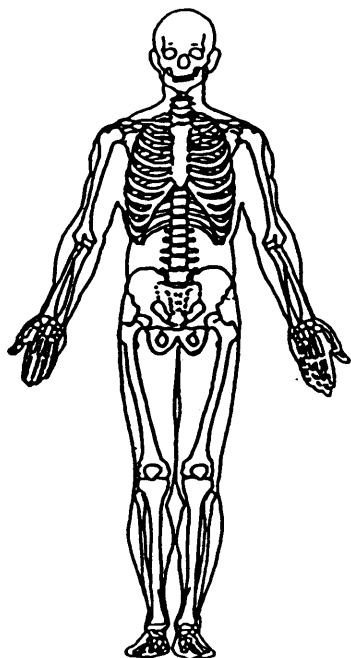
PSU Number 10Case Number—Stratum 9629Vehicle Number 01Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES

Bridge of
nose
scratchR shoulder
BRUISED
UNK if joints
wore sling
my son hit
me on way
back

SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT DATA QUESTIONS SUPPLEMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): DRIVER &

2. Case Number - Stratum 9629

occup # 3

3. Vehicle Number 01

Phone number: _____

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>4</u>	OCCUPANT # _____	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	2 R		
SEX, HEIGHT, WEIGHT, AND AGE? <div style="text-align: right; margin-right: 50px;"> 83.8 14.5 ft </div>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>33"</u> WEIGHT: <u>32 lbs</u> AGE: <u>2</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - nk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above <div style="text-align: center; margin-top: 10px;"> IN CAR seat. </div>	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

Describe any additional information here:

National Accident Sampling System-Crashworthiness Data System: Occupant Data Questions Supplement

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>4</u>	OCCUPANT # ____	OCCUPANT # ____	
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <i>Hangng down</i> <i>N of K</i>	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed	
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
ADJUSTABLE SEAT <u>TRACK</u>. IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	
ADJUSTABLE SEAT <u>BACK</u>. IF "YES" WHERE WAS THE <u>BACK</u> PRE AND POST IMPACT	<u>PRE POST</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	<u>PRE POST</u> <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	<u>PRE POST</u> <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	<u>PRE POST</u> <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown

RESTRAINT INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * <i>* Describe: used w/ child safety seat</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * <i>* Describe:</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * <i>* Describe:</i>
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
DO ANY OF THE BELTS ATTACH TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <i>w/ child safety seat</i> <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): <i>w/ safety seat</i>	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____
Describe any breaks, tears, or failures to any of the seat belts:			

National Accident Sampling System-Crashworthiness Data System: Occupant Data Questions Supplement

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	OCCUPANT # <u>4</u>	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown
Further describe any ejection, entrapment, or mobility information here:			

AIR BAG INFORMATION**WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Describe any additional information here:			

National Accident Sampling System-Crashworthiness Data System: Occupant Data Questions Supplement

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

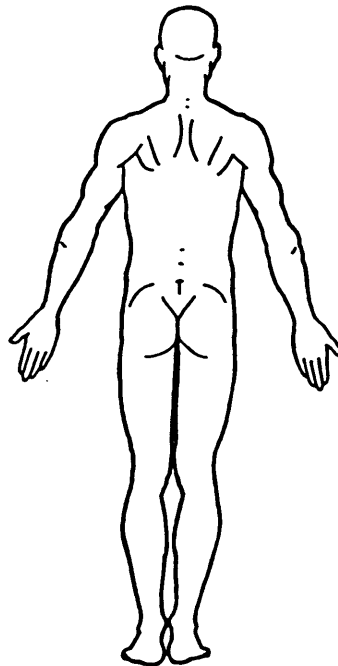
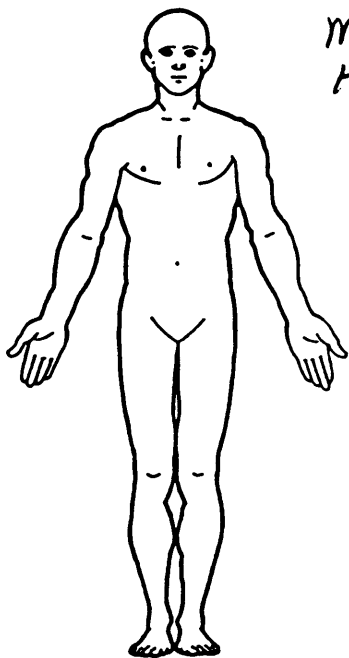
	OCCUPANT # ____	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?	unk		
TYPE OF SEAT?	<input type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?	<input checked="" type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?	<input checked="" type="checkbox"/> Harness <input checked="" type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

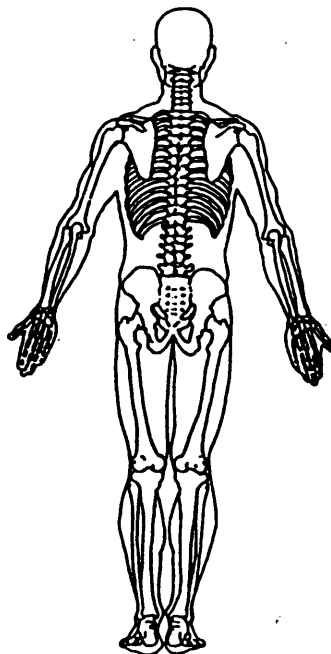
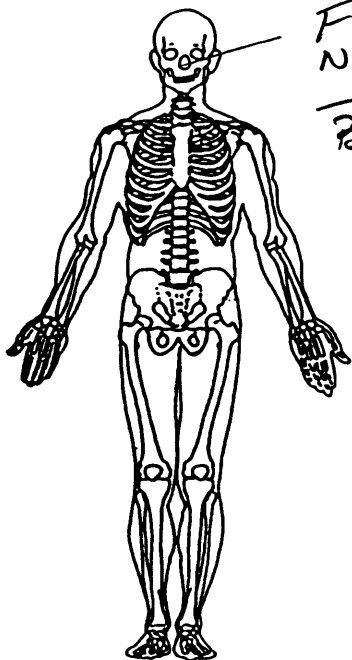
INJURY INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
WERE YOU INJURED? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
RECEIVED ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: <u>NONE</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <u> </u> <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u> </u> TIME: <u> </u> PLACE: <u> </u>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u> </u> TIME: <u> </u> PLACE: <u> </u>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u> </u> TIME: <u> </u> PLACE: <u> </u>

PSU Number 10 Case Number—Stratum 9629 Vehicle Number 01 Occupant Number 04**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES

MINOR
HEAD injury

SKELETAL INJURIES

Fx
NOSE
Brother.

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS INTERVIEW FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 10Interviewee(s) Role or Name(s): DRIVER OF2. Case Number - Stratum 9629√23. Vehicle Number 02

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was Southwest approaching curve I saw other car come around curve I was in narrow section. I saw he was sliding I applied brakes I was almost stopped if not stopped I know this cause I was going to back up. The impact felt like I bumper into a curb.

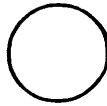
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

I got out of TRUCK both parents out screaming. I went and got child in back seat (completely belted.) DAD screaming about AIR bag he went around to back of car I think mom came out pass side.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

DAD went around and opened up trunk Hatch. I went around and saw body his head. leaning to DRIVER SIDE facing front He was layed out

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION**IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:**

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Slush <input checked="" type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input checked="" type="checkbox"/> Snow <i>Flurries</i> <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input checked="" type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <i>10</i> <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <i>ABS</i> <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <i>10</i> <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <i>10</i> <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	<i>mp</i>

National Accident Sampling System-Crashworthiness Data System: Interview Form

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN

☐ On roadway ☐ On shoulder ☐ On roadside or median
☐ Unknown

ROLLOVER CAUSE?

☐ Other vehicle (specify vehicle number) _____
☐ Contact to object (specify): _____
☐ Other cause (specify): _____
☐ Unknown

DIRECTION OF VEHICLE ROLL?

☐ Toward the right (passenger side)
☐ Toward the left (driver side)
☐ End-over-end
☐ Unknown

NUMBER OF TURNS

____ Number of QUARTER TURNS ☐ Unknown
____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH
GROUND AT FINAL REST?
☐ Left side ☐ Top
☐ Right side ☐ Wheels
☐ Unknown
FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION☐ UNKNOWN -- SKIP THIS SECTIONFIRE STARTED, OR SMOKE
WAS FIRST SEEN ...
☐ Under the hood ☐ In the trunk/cargo area
☐ Behind the instrument panel ☐ Under the vehicle
☐ In the passenger compartment ☐ From other involved vehicle
☐ Unknown
FIRE START WITH THE
ELECTRICAL SYSTEM?☐ No ☐ Unknown☐ Yes (specify):FIRE START WITH THE FUEL
SYSTEM?☐ No ☐ Unknown☐ Yes -- specify Which part of the fuel system may have been involved?
☐ Fuel tank
☐ Fuel lines
☐ Engine compartment (specify component if known)
☐ Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION



YEAR, MAKE AND MODEL?	Year: 19 <u>94</u> Make: <u>Chevrolet</u> Model: <u>K-1500 Extended Cab</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<div style="text-align: center;"><u>All closed.</u></div> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <div style="display: flex; justify-content: space-between;"> <div> "O" = open "P" = partially open </div> <div> "C" = Closed "U" = Unknown </div> </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <u>Books, manuals tool box</u> Approximate weight - <u>200</u> pounds
VEHICLE MILEAGE	<u>VI</u> miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____ _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input checked="" type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input checked="" type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input checked="" type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input checked="" type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: <u>1</u> Months: <u>Bought 94</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>30,000</u> <u>6000</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5' 11" WEIGHT: 235 AGE: 180.3 106.6 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

National Accident Sampling System-Crashworthiness Data System: Interview Form

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input checked="" type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> <input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> <input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> <input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> <input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright</td> </tr> 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<input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

☐ Not adjustable ☐ Full up ☐ Between full up and center
☐ Center ☒ Between center and full down
☐ Full down ☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

☒ Not adjustable ☐ Full back ☐ Between full back and midpoint
☐ Midpoint ☐ Between midpoint and full forward
☐ Full forward ☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	____ Chest ____ Lap ____ Both	____ Chest ____ Lap ____ Both	____ Chest ____ Lap ____ Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>CO-policy</i> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

National Accident Sampling System-Crashworthiness Data System: Interview Form

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

How did occupant(s) depart the crash scene?

- ☐ Ambulance
☐ Police or Tow vehicle
☐ Relative (specify)
☐ Friend (specify)
☒ Other (specify) *Drove*

- ☐ Ambulance
☐ Police or Tow vehicle
☐ Relative (specify)
☐ Friend (specify)
☐ Other (specify)

- ☐ Ambulance
☐ Police or Tow vehicle
☐ Relative (specify)
☐ Friend (specify)
☐ Other (specify)

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Describe any additional information here:			

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

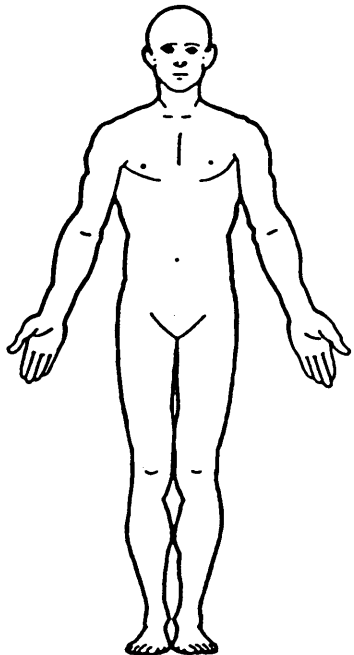
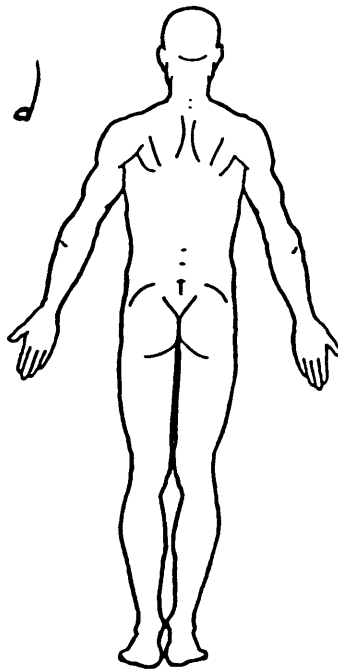
Describe any additional information here:

INJURY INFORMATION

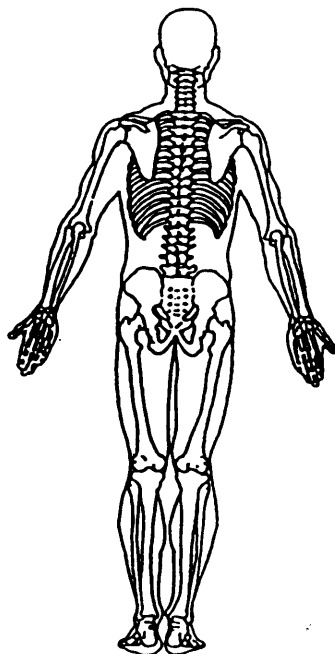
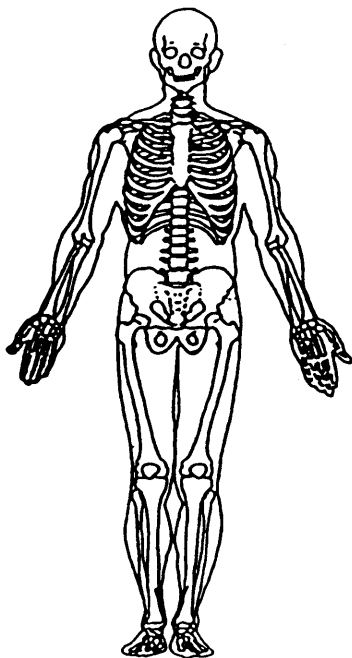
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
WERE YOU INJURED? <i>* If "YES" go to manikin page and record injuries in detail</i> <i>* If "NO" ask next questions</i>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9629 Vehicle Number 02 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Driver

SOFT TISSUE/INTERNAL INJURIES

*Not injured*

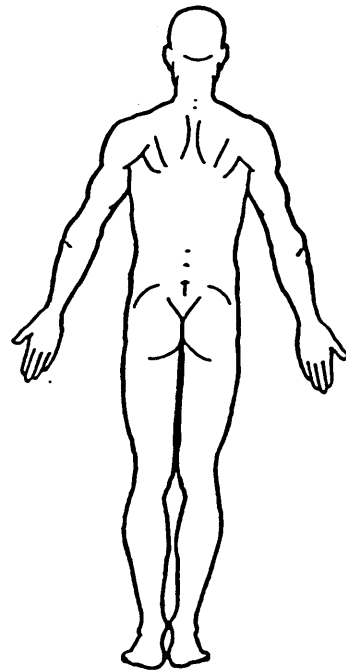
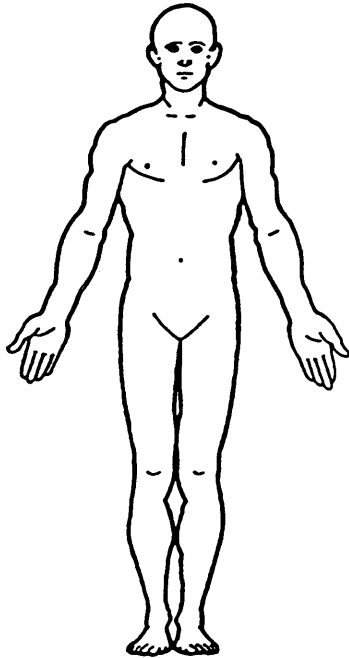
SKELETAL INJURIES



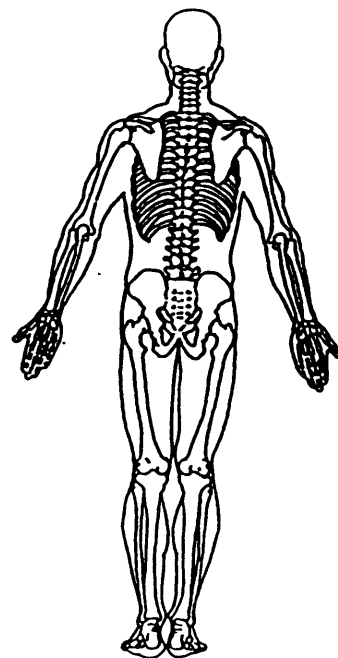
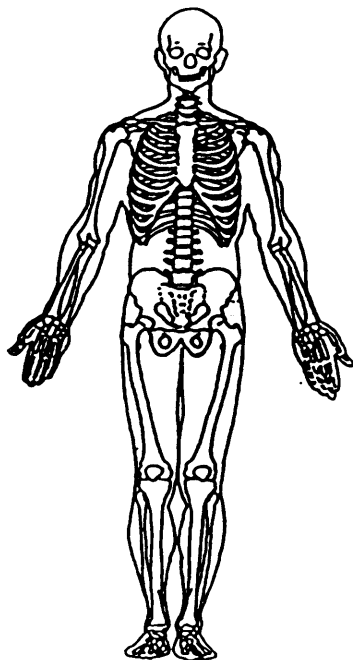
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

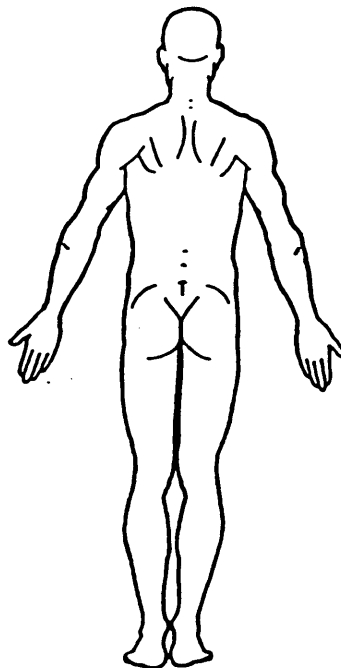
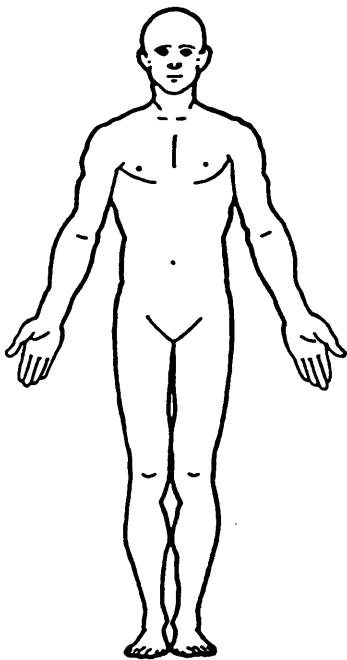
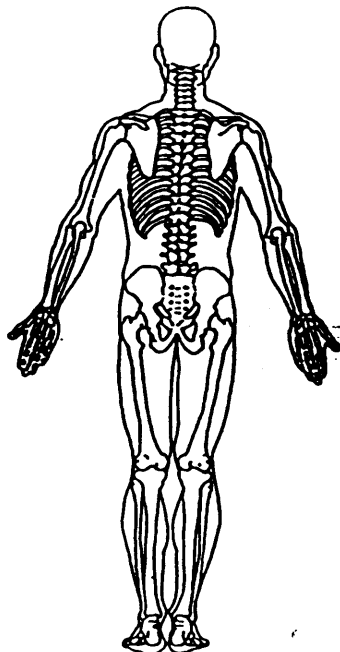
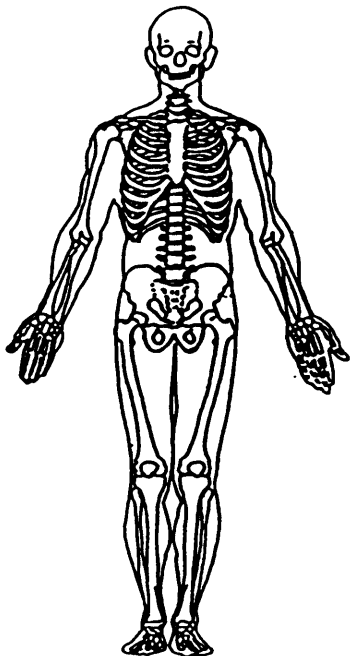
SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9629

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

25

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

175

Code actual height to the nearest centimeter.

(999) Unknown

69 inches X 2.54 = 175 centimeters

8. Occupant's Weight

093

Code actual weight to the nearest kilogram.

(999) Unknown

205 pounds X .4536 = 92.9 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

(9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

(9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 4</p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify):</p> <p>_____</p> <p>(9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function 1</p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 1</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>_____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) 1</p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Vehicle inspection</p> <p><input type="checkbox"/> Official injury data</p> <p><input type="checkbox"/> Driver/occupant interview</p> <p><input type="checkbox"/> Other (specify):</p> <p>_____</p> <p><input type="checkbox"/> Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>_____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i></p> <p>_____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0</p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1</p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify):</p> <p>_____</p> <p>(9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 022

- (_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
2 - 4" w.b.s.
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
2
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

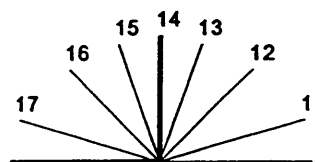
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 1 4

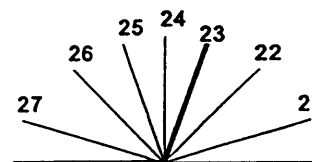
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

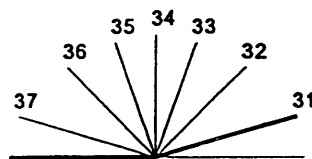
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 25

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 03

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 02
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9629</u>	3. Vehicle Number <u>01</u> 4. Occupant Number <u>01</u>
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INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90										Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source					
Strain 1st Lumbar	5. <u>3</u>	6. <u>6</u>	7. <u>4</u>	8. <u>06</u>	9. <u>78</u>	10. <u>1</u>	11. <u>8</u>	12. <u>152</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>	
Contusion (R) 2nd Wrist	16. <u>7</u>	17. <u>7</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>011</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>	
Contusion (R) 3rd Knee	27. <u>3</u>	28. <u>8</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>011</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>	
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

A.I.S. - 90

[illegible]

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	The exceptions to this rule apply to:		(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify):		
(9) Police		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Air bags deployed (HP1)

Restrained?

— No

✓ Yes (ER1)

Blood Alcohol Level (mg/dl)

BAL = 0 (HP1)

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Arterial Blood Gases

pH =

PO₂ =

PCO₂ =

HCO₃ =

• 25 year-old white male (HP1, ER2, HP2)

• Driver of car with seat belts on (ER1)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Tender to palpation over ② lumbar para-spinals, ↑ guarding (ER2, HP2)

• C/o low back pain with radiation to ② groin (ER2, HP2)

• Tender to palpation over ① gluteus + ① piriformis (ER2, HP2)

Dx: Soft tissue injury + Post-traumatic stress (HP1)

Dx: Acute lumbar strain (ER2, HP2)

• Tender ② hip to palpation (ER1, HP1)

• Bruise to ② knee infrapatellar region (ER1, HP1)

• C/o pain ② hip, arm, + knee post-MVA (ER1)

• C/c pain ② hip + ② knee (HP1)

• Son (4 year-old) died in crash (ER1, HP1)

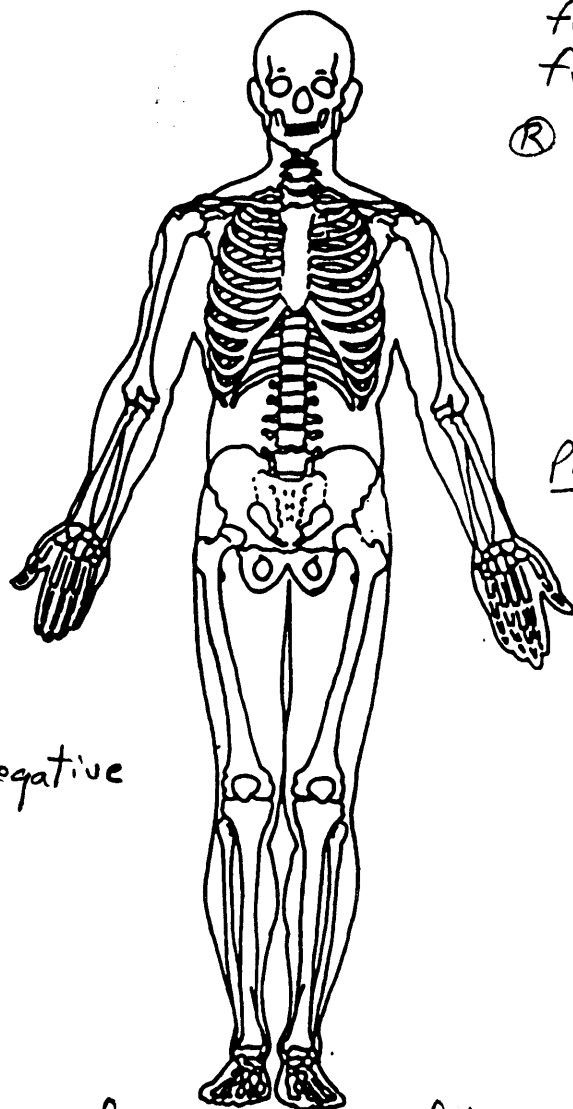
OFFICIAL INJURY DATA — SKELETAL INJURIES

- Trip; coming to hospital for X-ray of son as advised by pediatrician (HP1)

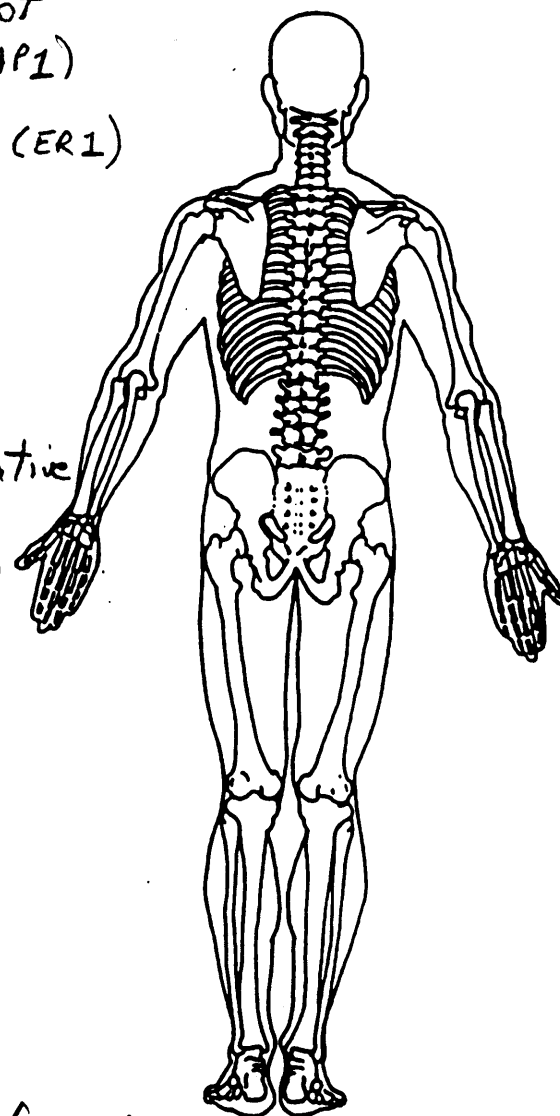
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

X-rays: negative
for evidence of
fracture (HP1)

Ⓡ Knee, pelvis (ER1)



Pelvis: negative
AP view
(EX1, ER2)



Ⓡ Knee: negative
(EX1, ER2)

- Patient's son + wife wear wearing safety belts at time of crash (HP1)

INJURY SOURCES

FRONT		(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(001) Windshield	(102) Right side hardware or armrest	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(002) Mirror	(103) Right A (A1/A2)-pillar	(185) Air bag compartment cover-passenger side	EXTERIOR of OCCUPANT'S VEHICLE
(003) Sunvisor	(104) Right B-pillar	(186) Air bag compartment cover-passenger side and eyewear	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(187) Air bag compartment cover-passenger side and jewelry	
(005) Steering wheel hub/spoke	(106) Right side window glass	(188) Air bag compartment cover-passenger side and object held	
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(189) Air bag compartment cover-passenger side and object in mouth	(451) Hood
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(190) Other air bag (specify) _____	(452) Outside hardware (e.g., outside mirror, antenna)
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(195) Other air bag compartment cover (specify) _____	(453) Other exterior surface or tires (specify): _____
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____		(454) Unknown exterior objects
(010) Left instrument panel and below	INTERIOR		EXTERIOR OF OTHER MOTOR VEHICLE
(011) Center instrument panel and below		(151) Seat, back support	
(012) Right instrument panel and below		(152) Belt restraint webbing/buckle	
(013) Glove compartment door		(153) Belt restraint B-pillar or door frame attachment point	
(014) Knee bolster	(154) Other restraint system component (specify): _____		
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(155) Head restraint system	ROOF	(504) Hood
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(160) Other occupants (specify): _____	(201) Front header	(505) Hood ornament
(017) Windshield reinforced by exterior object (specify) _____	(161) Interior loose objects	(202) Rear header	(506) Windshield, roof rail, A-pillar
(019) Other front object (specify): _____	(162) Child safety seat (specify): _____	(203) Roof left side rail	(507) Side surface
	(163) Other interior object (specify): _____	(204) Roof right side rail	(508) Side mirrors
		(205) Roof or convertible top	(509) Other side protrusions (specify): _____
	AIR BAG	FLOOR	(510) Rear surface
	(170) Air bag-driver side	(251) Floor (including toe pan)	(511) Undercarriage
	(171) Air bag-driver side and eyewear	(252) Floor or console mounted transmission lever, including console	(512) Tires and wheels
	(172) Air bag-driver side and jewelry	(253) Parking brake handle	(513) Other exterior of other motor vehicle (specify): _____
	(173) Air bag-driver side and object held	(254) Foot controls including parking brake	(514) Unknown exterior of other motor vehicle
	(174) Air bag-driver side and object in mouth	REAR	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
	(175) Air bag compartment cover-driver side	(301) Backlight (rear window)	
	(176) Air bag compartment cover-driver side and eyewear	(302) Backlight storage rack, door, etc.	(551) Ground
	(177) Air bag compartment cover-driver side and jewelry	(303) Other rear object (specify): _____	(598) Other vehicle or object (specify): _____
	(178) Air bag compartment cover-driver side and object held	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	(599) Unknown vehicle or object
	(179) Air bag compartment cover-driver side and object in mouth	(401) Hand controls for braking/acceleration	NONCONTACT INJURY
	(180) Air bag-passenger side	(402) Steering control devices (attached to OEM steering wheel)	(601) Fire in vehicle
	(181) Air bag-passenger side and eyewear	(403) Steering knob attached to steering wheel	(602) Flying glass
	(182) Air bag-passenger side and jewelry	(404) Steering wheel	(603) Other noncontact injury source (specify): _____
		(405) Replacement steering wheel (i.e., reduced diameter)	(604) Air bag exhaust gases
		(406) Joy stick steering controls	(697) Injured, unknown source
		(407) Wheelchair tie-downs	
		(408) Modification to seat belts, (specify): _____	
		(409) Additional or relocated switches, (specify): _____	
		(410) Raised roof	
LEFT SIDE			
(051) Left side interior surface, excluding hardware or armrests			
(052) Left side hardware or armrest			
(053) Left A (A1/A2)-pillar			
(054) Left B-pillar			
(055) Other left pillar (specify): _____			
(056) Left side window glass			
(057) Left side window frame			
(058) Left side window sill			
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.			
(060) Other left side object (specify): _____			
RIGHT SIDE			
(101) Right side interior surface, excluding hardware or armrests			

OFFICIAL INJURY DATA — INTERNAL INJURIES

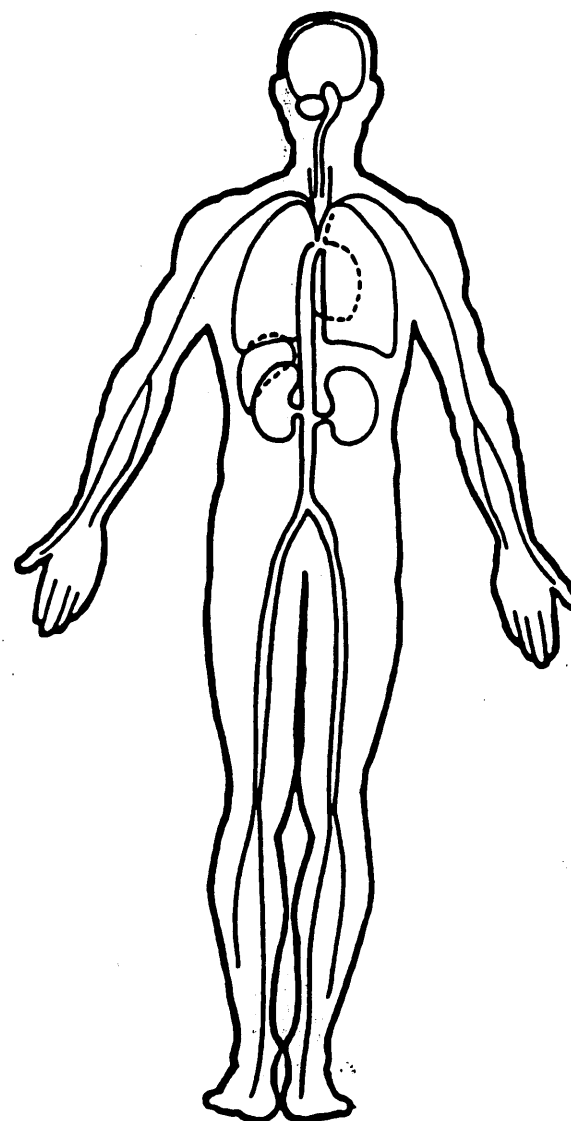
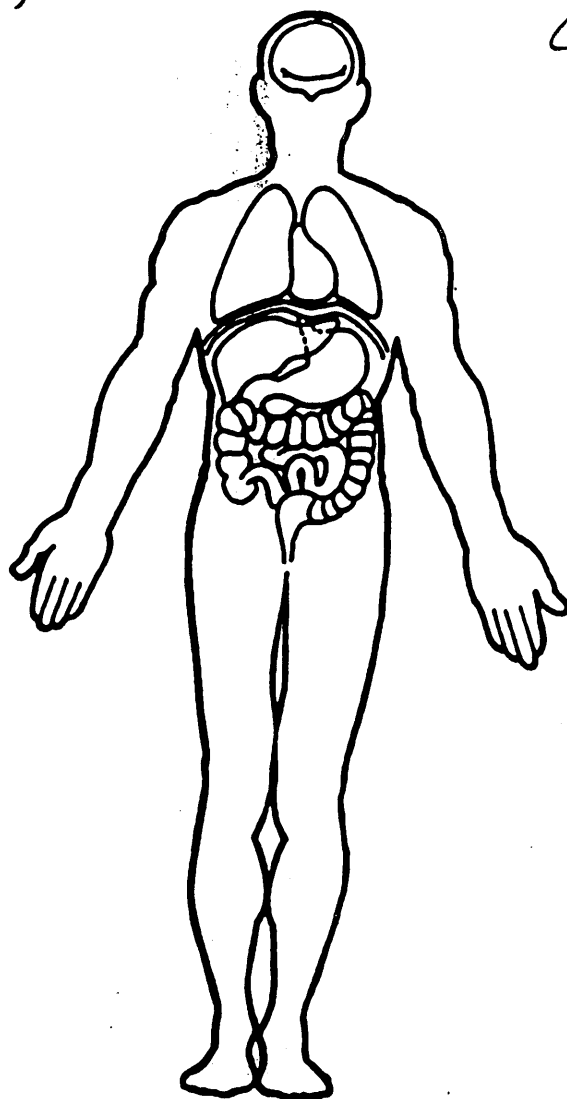
- Did not suffer any direct injury and did not strike the steering wheel or windshield and came out of car immediately after the accident (HP1)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Extremely depressed (ER1, HP1)

- Denies LOC, vomiting, or diaphoresis (HP1)

- No focal neurologic deficit (HP1)



CAUSE OF DEATH

ICD-9-CM

959.8 other or unspecified other injury to other specified site (ER1)
 724.2 Lumbago (ER2)
 846.0 Sprains + strain of lumbosacral (joint)(ligament) (ER2)
 E812.0 MVA involving another vehicle - driver (ER1)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input checked="" type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	negative (ER2, LR)	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
KX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

LR = Toxicology
 2nd ER visit was 8 days post-crash

MEDICAL RECORDS
FROM
INITIAL VISIT TO TREATMENT FACILITY

HOSPITAL

Medical Records		40 REP: 99 EMERGENCY ROOM REGISTRATION										Financial Number	
Last Name		First Name		M.I.	Date of Birth	Age	Date Treated	Time In	Time Out	Admission No.			
Street Address		City		State	Zip	Telephone No.	Social Security No.	Sex	Clerk				
Race	Mar. St.	Employer of Responsible Party		1110	PT Rep.	ADM From	Type of ADM	Geographic Code	Pl. Type	SVC Class	F.S. Code	Responsible Party Phone No.	
W	M				1	1			2	23	40		
Responsible Party Last Name		First Name		M.I.	Street Address		City	State	Zip				
Policyholder's Name		Insurance Co.		3rd Party Co. No.		Contract No.		Group No.					
1		** SELF PAY **											
2													
3													

Accident Report Nature		Date & Time		Place	
TWO CAR MVA		96 16:20			
Kenpac Provider		ER/Attending Physician		Referred To	
Chief Complaint		Family Physician		Referred To	
MULTIPLE INJURIES		NONE			
Allergies/Reactions		Vital Signs		Time	
PCN → RASH		Temp. 99°		Pulse 88	
		Resp 20		B/P 130/80	

Physician's H&P

1910

O/E :- Pain in (R) arm, (R) hip & (R) knee after MVA. Pt. had head on impact in which his son died (4yr old). Pt. was driver of this car & seat-belts on. He made an asphyxial turn in order to save his son. Denied any direct injury or impact.

O/E :- Extremely depressed & outburst of tears follows with temper tantrum. Tenderness at (R) hip popliteal & bursae at (R) knee intra patellar infrapatellar region. No focal deficit.

Physician's Orders		OB 10 16	
Nubair 10 + Phlegm 25		2015	
Xanax 0.5 p.i.		2014	
O/E on Ty/ #276 + (15)		OB 10 16	
Xanax 0.5 p.i. #3 Thru		OB 10 16	

Time Lab Ordered		Time X-Rays Ordered	
CBC	SMA7	Cardiac Enzymes	Digoxin Level
CKMB	PT & PTT	Amylase	Other Lab:
Quick Strep	Theophylline	ABG	
UA	Urine Drug Screen	ETOH	
SMA 6	Liver Profile	Preg. Test	
Notified Time	Disposition	Discharge Condition	Other Tests:
Police	LWT	Good	EKG
MCC	Admit	Fair	Other Tests:
	AMA	Serious	
	Transfer	Critical	
	Home	Expired	
	Room No.		

Diagnosis	Physician's Signature
Soft Tissue Injuries from MVA	

[REDACTED]
[REDACTED]
[REDACTED] KENTUCKY

Dictated: [REDACTED]/96 8:53 P
Transcribed: [REDACTED]/96 10:05 P

Admitted: [REDACTED]/96
Discharged:

MR#: [REDACTED] Room: E.R.

Name: [REDACTED]

CHIEF COMPLAINT: Pain in the right hip and right knee following MVA.

HISTORY OF PRESENTING ILLNESS: [REDACTED] is 25-year-old male with no significant past medical history, was in the normal state of his health until about three hours ago when he was coming to the hospital for x-ray of his son as advised by the pediatrician. The patient was traveling through a narrow road with ice on it and had a motor vehicle, head-on. Patient applied the brakes but unable to stop his car because of the momentum and slid and had head-on collision with another truck. The front side of the car was completely damaged by the collision. The patient's son and his wife were wearing seat belts at the time. In the same accident, the patient had a fatality when his 4-year-old son died after the impact from the air bag. The patient stated that he did not suffer any direct injury and did not strike the steering wheel or windshield and came out of the car immediately after the accident. The patient denied any loss of consciousness, vomiting, diaphoresis or chest pain at that time. The patient came out of the car and started taking care of his family without any complaints.

PAST MEDICAL HISTORY: Noncontributory.

MEDICATIONS: None.

SOCIAL HISTORY: Noncontributory.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION: The patient is a young man of fairly good build, seems to be very depressed with outburst of tears and temper tantrum. Vitals include blood pressure 130/80, pulse 88, respiratory rate of 20, temperature 98.8. HEENT examination - pupils equal, reactive to light. Extraocular movements positive. Neck is supple. No JVD, lymph node, or carotid bruit. Heart - S1, S2 audible in all four areas. Lungs clear to auscultation bilaterally. Abdomen is bowel sounds positive. Liver, kidney and spleen cannot be palpable. Extremities - there is slight bruise in the infrapatellar part of the right knee. There is no evidence of hemorrhage or apparent fracture. The palpation of the right hip shows tenderness of mild intensity. There is no focal neurologic deficit.

DIAGNOSTICS include CBC which showed white count of 10, H&H of 16 and 46, platelets of 246. SMA 7 included sodium of 140, potassium 4.2, chloride 100, bicarb 26. Glucose 103, BUN 11, and creatinine .8. Blood alcohol level was negative. The x-rays were found to be negative for any evidence of fracture.

[REDACTED]
[REDACTED], KENTUCKY
Dictated: [REDACTED]/96
Transcribed: [REDACTED]/96 10:05 P
Admitted: [REDACTED]/96
Discharged:

MR#: [REDACTED] Room: E.R.

Name: [REDACTED]

ASSESSMENT:

1. Soft tissue injury from the MVA.
2. Post traumatic stress.

PLAN: Will give the patient Tylenol #3 and Xanax. To be followed by [REDACTED] in the clinic.

NAS:jg

CC: [REDACTED]

[REDACTED] M.D.

[REDACTED] HOSPITAL

[REDACTED] KENTUCKY

DATE ORDERED

DATE DONE

TIME

[REDACTED] E.R.

[REDACTED] M.D.

FILM NUMBER

[REDACTED]
AP VIEW OF THE PELVIS DATED [REDACTED] 96

Examination of the pelvis shows no evidence of fractures, dislocations or pathological bone or joint changes.

IMPRESSION: Negative AP view of the pelvis.

RIGHT KNEE DATED [REDACTED] 96

Examination of the right knee shows no evidence of fractures, dislocations or other pathological bone or joint changes.

IMPRESSION: Negative right knee.

DHH: [REDACTED]

D: [REDACTED] P

T: [REDACTED]

EX 1

MEDICAL RECORDS
FROM
SECOND VISIT TO TREATMENT FACILITY

HOSPITAL

Kentucky

Medical Records		40 REP: 99		EMERGENCY ROOM/BUSS Services		Financial Number	
Last Name		First Name		M.I.	Date of Birth	Age	Date Treated
						25Y	196
Street Address		City		State	Zip	Telephone No.	Social Security No.
		KY					
Race	Mar. St.	Employer of Responsible Party		1110	PT Rep.	ADM From	Type of ADM
W	SP				1	1	
Geographic Code	PL Type	SVC Class	F.S. Code	Responsible Party Phone No.			
	2	23	40				
Responsible Party Last Name		First Name		M.I.	Street Address		City
							State
							Zip
Policyholder's Name		Insurance Co.		3rd Party Co. No.		Contract No.	
1		** SELF PAY **					
2							
3							
Accident Report Nature				Date & Time		Place	
2 CAR MVA				196 16:40			
Kenpac Provider				EPA/Chronic Physician		Referred To	
Chief Complaint				Family Physician		Referred To	
LOW BACK PAIN				NONE			
Allergies/Reactions				Vital Signs			
PEN - snells				Time 1610 Temp. 97.4 Pulse 84 Resp. 20 B/P 124/82			
Physician's H&P							

25 yowm who was involved in 2 car MVA 1 wk ago and evaluated here. reports increasing lower back pain and remains despite being treated with Tylenol #3 (10 tabs) and 3 sedatives. He reports sharp pain over lower back, with radiation to L groin. Walking using bath room worsens the pain. Sitting down/laying down eases the pain. He also has increasing frequency of urination. He maintains control over bowel/bladder. No N/V. had drunk which appears to be resolved today. No LOC/altered level of consciousness over past PMH: Otherwise healthy. Meds: as above. Allergies: Pen

PR: WD/WMA, Lins NAD

Physician's Orders: Neck NT to palpation, good mobility. Prescriptions for Ibuprofen, Flac, Primidone, Risperidone, and others. Exam: RRRS @ Resp, CTA bilaterally. Abt soft, NT, ND, BS @. Back - tenderness to palpation over L lumbar paraspinals, guarding, gluteals, L piriformis. Motor V/V - sensory intact; DTR 3/4 symmetric. Reflexes: 7.8/16.3/260/47.2/557/34. Urine: negative. Musculature: lower back.

Time Lab Ordered		Time X-Rays Ordered	
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> SMA7	<input type="checkbox"/> Cardiac Enzymes	<input type="checkbox"/> Digoxin Level
<input type="checkbox"/> CKMB NC	<input type="checkbox"/> PT & PTT	<input type="checkbox"/> Amylase	<input type="checkbox"/> Other Lab:
<input type="checkbox"/> Quick Strep	<input type="checkbox"/> Theophylline	<input type="checkbox"/> ABG	<input type="checkbox"/> Ray
<input checked="" type="checkbox"/> UA	<input type="checkbox"/> Urine Drug Screen	<input type="checkbox"/> ETOH	<input type="checkbox"/> Chest
<input type="checkbox"/> SMA 6	<input type="checkbox"/> Liver Profile	<input type="checkbox"/> Preg. Test	<input type="checkbox"/> CT
Notified Time	Disposition	Discharge Condition	Other Tests
Time 1945	<input type="checkbox"/> LWT <input type="checkbox"/> Admit <input type="checkbox"/> AMA <input type="checkbox"/> Transfer	Time 1945 <input type="checkbox"/> Good <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Critical <input type="checkbox"/> Expired	<input type="checkbox"/> EKG
Police	Room No.	Physician's Signature	Level of Care
MCC			<input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
Diagnosis: Lower Back Pain; Acute Lumbosacral Strain			

[REDACTED]
[REDACTED], KENTUCKY

Dictated: [REDACTED]/96 7:25 P
Transcribed: [REDACTED]/96 7:42 P

Admitted:
Discharged:

MR#: [REDACTED] Room: E.R.

Name: [REDACTED]

DATE OF E.R. VISIT: [REDACTED] 1996

[REDACTED] is a 25-year-old gentleman who was involved in a 2-car motor vehicle accident 1 week ago and evaluated here. The patient reports increasing low back pain which continues despite being treated with Tylenol No.3 and sedatives. He reports sharp pain over the lower back with radiation to the left groin. Walking and using the bathroom worsens the pain. Sitting down or laying down eases the pain. He also complains of increased frequency with urination. He maintains control over both his bowel and bladder. No nausea or vomiting. He has had diarrhea which appears to be resolving today. No loss of consciousness or altered levels of consciousness over the past week.

PAST MEDICAL HISTORY: Otherwise, healthy.

MEDICATIONS: As above.

ALLERGIES: Penicillin.

PHYSICAL EXAMINATION reveals a well-developed, well-nourished, young male patient who is in no acute distress. Neck - nontender to palpation; good mobility. Cardiovascular - regular rate and rhythm without murmur. Respirations are clear to auscultation bilaterally. Abdomen is soft, nontender, nondistended, positive bowel sounds. Examination of the back reveals tenderness to palpation over the left lumbar paraspinous. There is increased guarding, tenderness to palpation over the left gluteus, and left piriformis also noted. Neurological examination reveals a motor strength of 5/5, sensory modalities intact, deep tendon reflexes are 3/4 and symmetrical.

IMPRESSION: Low back pain with acute lumbosacral strain.

PLAN: The patient was given a prescription for ibuprofen 800 mg p.o. t.i.d. with meals or a snack and Darvocet-N 100 1-2 tablets p.o. q. 6 hours p.r.n. breakthrough pain #15 with no refills. He was also given Robaxin 750 mg 1-2 tablets p.o. q. 6 hours p.r.n. He was advised gentle stretch of his lower back musculature and to apply ice over the tender muscles of his lower back. He may follow-up with his primary care physician on [REDACTED]/1996 if the above treatments are not providing sufficient relief of his pain symptoms. Alternatively, he can return to the emergency room if his symptoms are worse.

SI:adb

cc: [REDACTED]

Emergency Room Visit

HP2

POLICE

LABORATORY NO. [REDACTED]

CASE NO. [REDACTED]

Citation No. [REDACTED]

Re: [REDACTED]

TOXICOLOGY ANALYSIS REPORT

SUBMITTED BY: Det. [REDACTED]

CO: 098

RECEIVED: DATE: [REDACTED]-97 TIME: 11:05 a.m. VIA: Certified Mail

SAMPLE COLLECTION INFORMATION:

Date Taken: [REDACTED]-96

Time Taken: 1956 hrs.

Taken By: [REDACTED]

Taken At: [REDACTED]

MATERIAL SUBMITTED:

Blood: X Urine: X

EXAMINATION REQUESTED:

Alcohol: X Drugs: X

RESULTS OF EXAMINATION:

Alcohol content of Blood/Urine: See Lab Report [REDACTED]

Drug content of Urine: No drugs identified.

DATE COMPLETED: [REDACTED]-97
dso[REDACTED]
SIGNATURE OF EXAMINER

KSP 231 6-86

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S CHARACTERISTICS	OCCUPANT'S SEATING
<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9629</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>02</u></p>	<p>10. Occupant's Seat Position <u>13</u></p> <p><i>Front Seat</i></p> <p>(11) Left side</p> <p>(12) Middle</p> <p>(13) Right side</p> <p>(14) Other (specify): _____</p> <p>(15) On or in the lap of another occupant</p>
<p>5. Occupant's Age <u>04</u></p> <p>Code actual age at time of accident.</p> <p>(00) Less than one year old (specify by month): _____</p> <p>(97) 97 years and older</p> <p>(99) Unknown</p>	<p><i>Second Seat</i></p> <p>(21) Left side</p> <p>(22) Middle</p> <p>(23) Right side</p> <p>(24) Other (specify): _____</p> <p>(25) On or in the lap of another occupant</p>
<p>6. Occupant's Sex <u>1</u></p> <p>(1) Male</p> <p>(2) Female-not reported pregnant</p> <p>(3) Female-pregnant-1st trimester(1st-3rd month)</p> <p>(4) Female-pregnant-2nd trimester(4th-6th month)</p> <p>(5) Female-pregnant-3rd trimester(7th-9th month)</p> <p>(6) Female-pregnant-term unknown</p> <p>(9) Unknown</p>	<p><i>Third Seat</i></p> <p>(31) Left side</p> <p>(32) Middle</p> <p>(33) Right side</p> <p>(34) Other (specify): _____</p> <p>(35) On or in the lap of another occupant</p>
<p>7. Occupant's Height <u>Autopsy 114</u></p> <p>Code actual height to the nearest centimeter.</p> <p>(999) Unknown</p> <p><u>45</u> inches X 2.54 = <u>114</u>³ centimeters</p>	<p><i>Fourth Seat</i></p> <p>(41) Left side</p> <p>(42) Middle</p> <p>(43) Right side</p> <p>(44) Other (specify): _____</p> <p>(45) On or in the lap of another occupant</p>
<p>8. Occupant's Weight <u>Autopsy 018</u></p> <p>Code actual weight to the nearest kilogram.</p> <p>(999) Unknown</p> <p><u>40</u> pounds X .4536 = <u>18</u>¹ kilograms</p>	<p>(97) In or on unenclosed area</p> <p>(98) Other seat (specify): _____</p> <p>(99) Unknown</p>
<p>9. Occupant's Role <u>2</u></p> <p>(1) Driver</p> <p>(2) Passenger</p> <p>(9) Unknown</p>	<p>11. Occupant's Posture <u>4</u></p> <p>(0) Normal posture</p> <p><i>Abnormal posture</i></p> <p>(1) Kneeling or standing on seat</p> <p>(2) Lying on or across seat</p> <p>(3) Kneeling, standing or sitting in front of seat</p> <p>(4) Sitting sideways or turned to talk with another occupant or to look out a rear window</p> <p>(5) Sitting on a console</p> <p>(6) Lying back in a reclined seat position</p> <p>(7) Bracing with feet or hands on a surface in front of seat</p> <p>(8) Other abnormal posture (specify): _____</p> <p>(9) Unknown</p>

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown
19. Manual (Active) Belt System Use 0 4
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
20. Proper Use of Manual (Active) Belts 4
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of manual belt system (specify): _____
 - (9) Unknown
21. Manual (Active) Belt Failure Modes During Accident 1
- (0) No manual belt used or not available
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other manual belt failure (specify): _____
 - (9) Unknown
22. Manual Shoulder Belt Upper Anchorage Adjustment 1
- (0) No manual shoulder belt
 - (1) No upper anchorage adjustment for manual shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position
 - (3) In mid position
 - (4) In full down position
 - (5) Position unknown
 - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 0
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown
24. Automatic (Passive) Belt System Use 0
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown
26. Proper Use of Automatic (Passive) Belt System 0
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of automatic belt system (specify): _____
 - (9) Unknown
27. Automatic (Passive) Belt Failure Modes During Accident 0
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other automatic belt failure (specify): _____
 - (9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☒ Official injury data
- ☒ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 022

- (_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 2

- (0) Not equipped/not available
(1) No
(2) Yes (specify): skin transfers
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 05

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 88

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):

- (03) Object carried by occupant, (specify):

- (04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
interior mounting screws
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

45. Was The Air Bag Tethered? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

46. Did The Air Bag Have Vent Ports? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

48. Was This Occupant Wearing Eye-wear? —

- (0) Not air bag equipped/air bag not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

- (9) Unknown

50. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 9

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

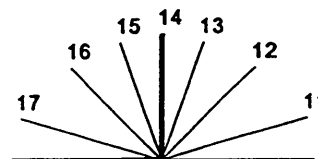
moved prior to inspection

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 1 4

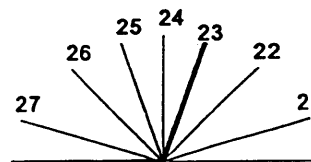
- (00) Occupant not seated or no seat
(01) Not adjustable

Upright prior to impact

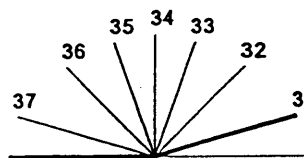
- (11) Moved to completely rearward position
(12) Moved to rearward midrange position
(13) Moved to slightly rearward position
(14) Retained pre-impact position
(15) Moved to slightly forward position
(16) Moved to forward midrange position
(17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
(22) Moved to rearward midrange position
(23) Retained pre-impact position
(24) Moved to upright position
(25) Moved to slightly forward position
(26) Moved to forward midrange position
(27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
(32) Moved to rearward midrange position
(33) Moved to slightly rearward position
(34) Moved to upright position
(35) Moved to slightly forward position
(36) Moved to forward midrange position
(37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion, (specify): _____
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 01

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0168. 2nd Medically Reported Cause of Death 0369. 3rd Medically Reported Cause of Death 07

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 23

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 02

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

03 by EMS

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 2

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9629

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					Aspect	
Transection spinal cord @ 1st C, 5.	1	6	4	02	74	6	6	180	1	1	00
+ atlanto-occipital dislocation											
Hemorrhage, thin 2nd, 16.	1	1	4	06	54	5	3	003	2	1	00
Subdural											
Hemorrhage 3rd 27.	1	1	4	02	10	5	8	180	2	2	00
brain stem											
Intraventricular 4th 38.	1	1	4	06	78	4	9	180	2	2	00
hemorrhage											
Subarachnoid 5th 49.	1	1	4	06	84	3	9	180	2	2	00
hemorrhage											
Contusion 6th 60.	1	1	4	06	06	3	1	302	2	1	00
occipital lobe											
Brain 7th 71.	1	1	4	06	62	3	9	180	1	2	00
Swelling											
Laceration 8th 82.	1	4	4	14	30	3	1	151	2	1	00
lung hemorrhage											
Laceration posterior 9th 93.	1	5	4	18	22	2	1	014	2	1	00
lobe Liver											
Laceration 10th 104.	1	5	4	42	22	2	2	151	2	1	00
Spleen lateral surface											

OCCUPANT INJURY DATA

[illegible]

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air bag
deployed
(ET, HP)

Restrained?

☒ No (ET)☒ Yes (HP)Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale ScoreGCSS = 3 (ET)Units of Blood
Given

Units = ____

Arterial Blood Gases

pH = ____

PO₂ = ____PCO₂ = ____HCO₃ = ____4 year-old
male (ET, HP)

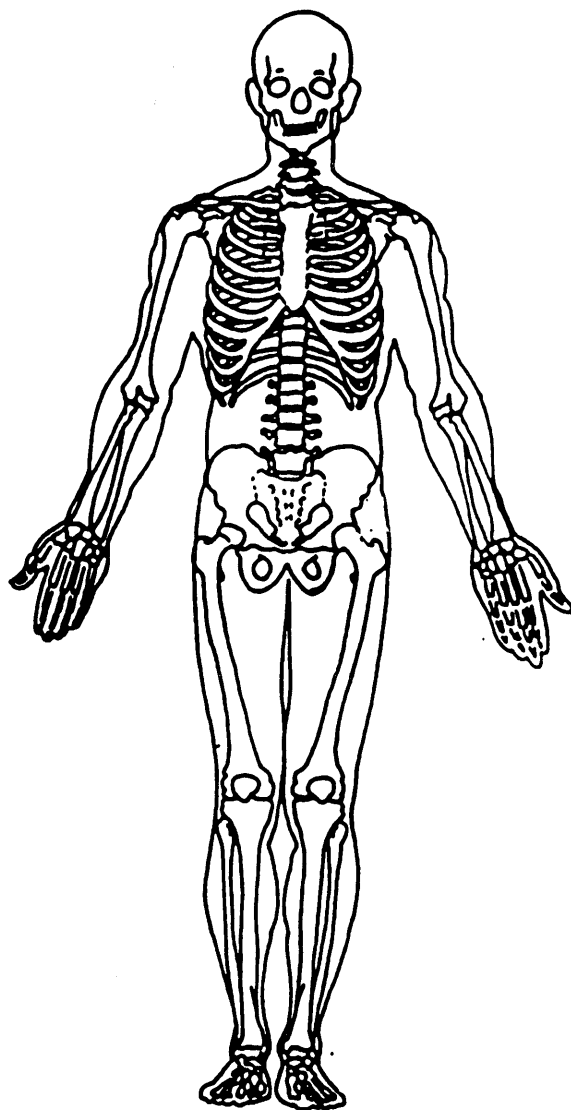
Unrestrained passenger propelled into air bag (ET) • Patient thrown into back seat
 Restrained front seat passenger; wearing a seat belt (HP) by air bag (ET, HP)
 Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and
 Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are
 unavailable.)

• Multiple contusions
face (HP)• Abrasions lower
⑧ face and neck
(HP)• Blood + cerebrospinal
fluid from nose (ET)• Throat severe edema
with subcutaneous
emphysema
(ET)• Subcutaneous
emphysema to ②
chest
(ET)• Abdomen
distended
(ET)• Marked subcutaneous
air around entire
chest (HP)• Arrived ER over
1 hour post-crash
(HP)

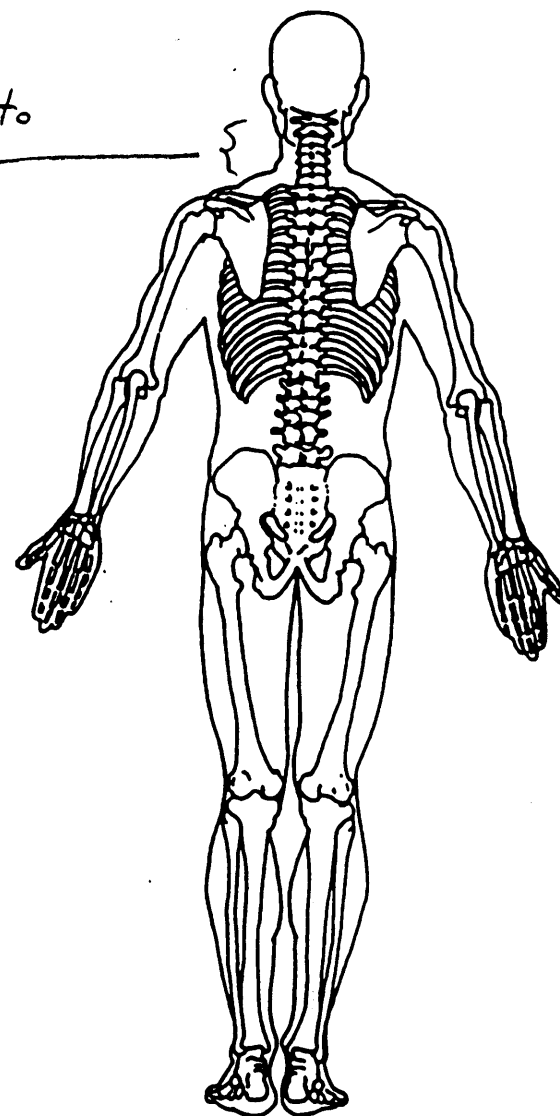
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Multiple deformities
face
(HP)



- Drop offs to
C-spine
(ET)



INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR of OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify) _____	(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify) _____	
(010) Left instrument panel and below			EXTERIOR OF OTHER MOTOR VEHICLE
(011) Center instrument panel and below	INTERIOR		(501) Front bumper
(012) Right instrument panel and below	(151) Seat, back support		(502) Hood edge
(013) Glove compartment door	(152) Belt restraint webbing/buckle		(503) Other front of vehicle (specify): _____
(014) Knee bolster	(153) Belt restraint B-pillar or door frame attachment point	ROOF	
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(154) Other restraint system component (specify): _____	(201) Front header	(504) Hood
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(155) Head restraint system	(202) Rear header	(505) Hood ornament
(017) Windshield reinforced by exterior object (specify)	(160) Other occupants (specify): _____	(203) Roof left side rail	(506) Windshield, roof rail, A-pillar
	(161) Interior loose objects	(204) Roof right side rail	(507) Side surface
	(162) Child safety seat (specify): _____	(205) Roof or convertible top	(508) Side mirrors
			(509) Other side protrusions (specify): _____
		FLOOR	
(019) Other front object (specify): _____	(163) Other interior object (specify): _____	(251) Floor (including toe pan)	(510) Rear surface
		(252) Floor or console mounted transmission lever, including console	(511) Undercarriage
LEFT SIDE	AIR BAG	(253) Parking brake handle	(512) Tires and wheels
(051) Left side interior surface, excluding hardware or armrests	(170) Air bag-driver side	(254) Foot controls including parking brake	(513) Other exterior of other motor vehicle (specify): _____
(052) Left side hardware or armrest	(171) Air bag-driver side and eyewear		(514) Unknown exterior of other motor vehicle
(053) Left A (A1/A2)-pillar	(172) Air bag-driver side and jewelry	REAR	
(054) Left B-pillar	(173) Air bag-driver side and object held	(301) Backlight (rear window)	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(055) Other left pillar (specify): _____	(174) Air bag-driver side and object in mouth	(302) Backlight storage rack, door, etc.	(551) Ground
	(175) Air bag compartment cover-driver side	(303) Other rear object (specify): _____	(598) Other vehicle or object (specify): _____
(056) Left side window glass	(176) Air bag compartment cover-driver side and eyewear	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	(599) Unknown vehicle or object
(057) Left side window frame	(177) Air bag compartment cover-driver side and jewelry	(401) Hand controls for braking/acceleration	NONCONTACT INJURY
(058) Left side window sill	(178) Air bag compartment cover-driver side and object held	(402) Steering control devices (attached to OEM steering wheel)	(601) Fire in vehicle
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(179) Air bag compartment cover-driver side and object in mouth	(403) Steering knob attached to steering wheel	(602) Flying glass
(060) Other left side object (specify): _____	(180) Air bag-passenger side	(405) Replacement steering wheel (i.e., reduced diameter)	(603) Other noncontact injury source (specify): _____
	(181) Air bag-passenger side and eyewear	(406) Joy stick steering controls	(604) Air bag exhaust gases
RIGHT SIDE	(182) Air bag-passenger side and jewelry	(407) Wheelchair tie-downs	(697) Injured, unknown source
(101) Right side interior surface, excluding hardware or armrests		(408) Modification to seat belts, (specify): _____	
		(409) Additional or relocated switches, (specify): _____	
		(410) Raised roof	

OFFICIAL INJURY DATA — INTERNAL INJURIES

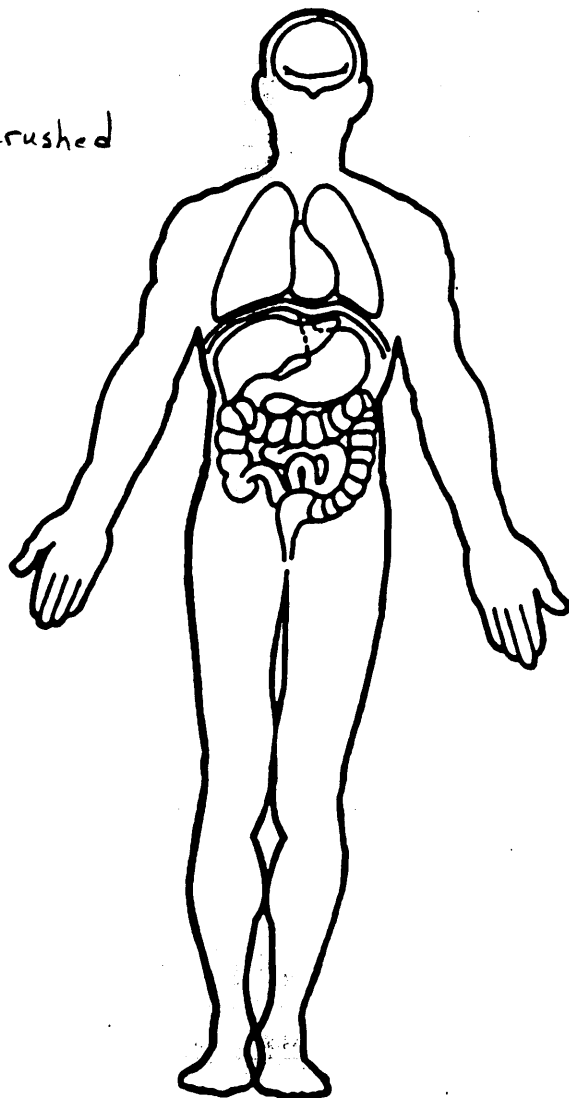
- Found in back seat of police cruiser with CPR in progress (ET, HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

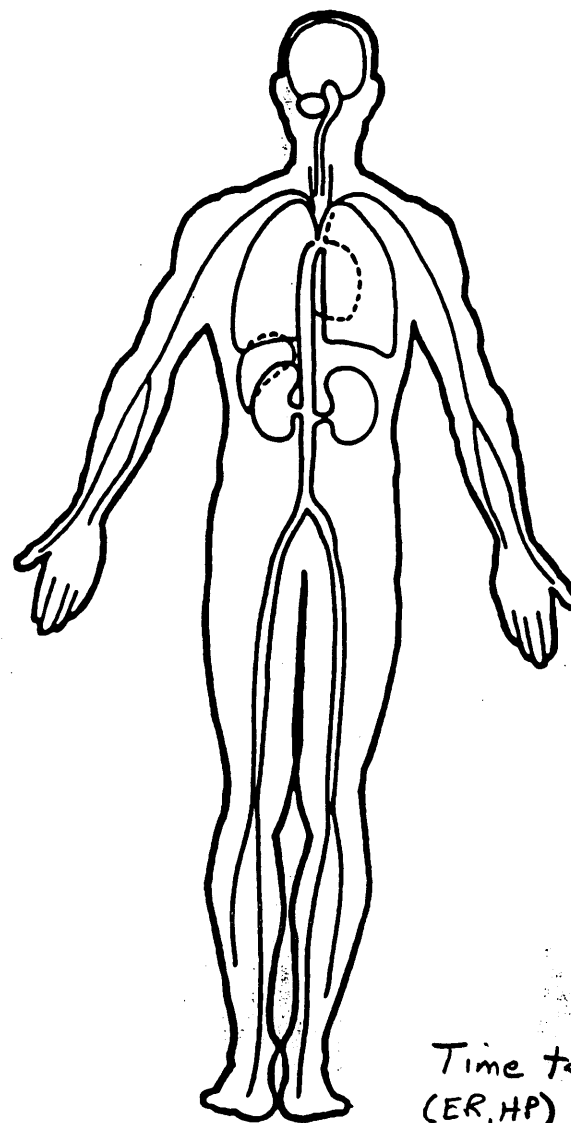
- Traumatic full arrest, patient remained in full arrest en route without change (ET)

- Pupils fixed + dilated (HP)

- Larynx crushed (ET)



- Police cruiser en route to hospital when EMS arrived (HP)



Time to Death:
(ER, HP) 17:40
16:35

1105

CAUSE OF DEATH

Multiple system Trauma (ER, HP)

ICD-9-CM

798.1 Instantaneous death CER

959.8 other or unspecified injury, other specified sites CER

E812.1 MUTA involving another vehicle - passenger CER


OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

Page 1

MO	DAY	YR	PICK-UP LOCATION	CO CODE (Incident)	AMBULANCE SERVICE LICENSE #
	9/6				65
TIME (Military)			MILEAGE RECORD (Odometer Reading)	NATURE OF RUN	RUN #
Call Received	17:46:52	At Start	75428	Dispatch	1
Dispatch	17:45:22	At Scene	75495	Transport	1
Arrive Scene	17:40:07	At Destination	75507	1 Emergency	
Depart Scene	17:42:11	At Base		2 Non-Emergency	
Arrive Destination	17:44:22	Highest Level of Care Provided	1	VEH LIC #	
Return to Service		1 ALS 2 BLS 3 Convalescent		VEH #	
PATIENT'S NAME (First) (Last)			DRIVER/ATTENDANT	CERTIFICATE #	RUN TYPE
					1 Scene to Fac.
					2 Facility to Facility
					3 Facility to Non-Facility
					4 Scene to Other Ambul.
					5 Scene to Air Ambulance
					6 Air Ambulance
					7 Other (Narr.)
					RUN COMPLETE
					1 Yes
					2 No Pt. Ref.
					3 No Transp. POV
					4 No Cancelled
					5 No False Run
					6 No Amb. Acc.
					7 No Amb. Fail.
					8 No CHL
					9 No Coroner
					0 No Other (Narr.)
CITY STATE ZIP			DRIVER/ATTENDANT	EMERGENCY WARNING EQUIPMENT USED	
Ky.				TO SCENE FROM SCENE	
TELEPHONE SEX DOB AGE			DRIVER/ATTENDANT	<input checked="" type="checkbox"/> LIGHTS <input checked="" type="checkbox"/>	
1 M 2 F				<input checked="" type="checkbox"/> SIREN <input checked="" type="checkbox"/>	
				<input type="checkbox"/> NONE <input type="checkbox"/>	
VITAL SIGNS			PATIENT'S ALLERGIES - MEDICAL ALERT		PATIENT'S MEDICATIONS
Time 1709 1720 1740			<input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown		<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Unknown
BP 0/0 0/0 0/0			CHIEF COMPLAINT		
Pulse 0 0 0			Traumatic		
Resp ASST B.V. B.V.			Full Arrest		
CASE NARRATIVE					INJURY AREA (Circle Location)
Pt is a 44/0/07 found driving to meet E.M.S. with E.R.N. & E.M.T. doing C.P.R. on child in back seat of cruiser pt involved in M.V.A. was unrestrained passenger propelled into air bag post head on collision to truck at 40mph as described by witnesses major front damage truck landed on vehicle. Pt thrown into back seat by air bag. Pt Exam; EENT; Ears clear, Nose Blood & C.S.F., Throat severe edema & sub Q emphysema Larynx crushed & dislodged to spine, chest sub Q emphysema on left side, ABD distended Pelvis stable Extremities atraumatic Pt Tx; Intubated & G.O. ETT					
REFERRING PHYSICIAN					RECEIVING PHYSICIAN
AID BEFORE ARRIVAL BY:					TREATMENT PROCEDURE
0 None 4 Fire Dept 2					None
1 Family 5 Police 3					
2 Medical Aid 6 Undetermined 3					
3 Citizen 7 Other (Narr.) 1					
AID ADMINISTERED BEFORE ARRIVAL:					
0 None 4 ALS 3					
1 First Aid 5 Undet. 1					
2 Extrication 6 Other (Narr.) 1					
3 CPR 7 Other (Narr.) 1					
APPARENT NATURE/CAUSE					
Medical Injury (Type)					
01 Cardiac 11 Burn 01					
02 CVA 12 Choking 07					
03 Diabetes 13 Drowning 20					
04 Gen Illness 14 Elec - Shock					
05 OB/GYN 15 Exposure - Cold					
06 Psych/Mental 16 Exposure - Hot					
07 Respiratory 17 Fall					
08 Seizure 18 Farm Mach Accident					
19 Firearms					
20 MVA					
21 Motorcycle/Bike Atv					
22 Poisoning					
23 Sports Related					
Other					
31 Follow-up Care (Narr.)					
32 Undetermined					
33 Other (Narr.)					
INJURY (Possible Factors)					
0 None Undetermined 0					
1 Intox (Alc)					
2 Seat Belts					
3 Assault					
4 Rape					
5 Home Violence					
6 Suicide					
7 Har. Mat. Incident					
8 Other (Narr.)					
APPARENT INJURY					
01 None/Non-Injury					
02 Abrasion					
03 Amputation					
04 Asphyxia					
05 Burn					
06 Bite					
07 Contusion					
08 Head Injury					
09 Fracture/Dislocation					
10 Laceration					
11 Puncture					
12 Sprains/Strain					
13 Undetermined					
14 Other (Narr.)					
SAFETY DEVICE USED					
0 None/Under 1 Helmet					
1 Seat/Lap Belt 4 Air Bags					
2 Child Restraint					
Glasgow CS					
Eye Opening					
4 Spontaneous					
3 Voice					
2 Pain					
1 None					
Best Verbal Resp.					
5 Oriented					
4 Confused					
3 Inapprop. Words					
2 Incomprehensive					
1 None					
Best Motor Resp					
6 Obeys Comds					
5 Purp. Move					
4 Withdraws					
3 Flexes					
2 Extends					
1 None					
CCS Total					
3 3					
PUPILS					
Equal					
Unequal					
R Dilated L					
R Light React L					
K Pinpoint L					
R Fixed L					
R Blind L					
Other					
TRANSPORT POSITION					
1 Supine					
2 Prone					
3 Semi-Sitting					
4 Sitting					
5 On-Side					
6 Other (Narr.)					
BLS/CONVALESCENT					
01 Art. Airway Estab					
02 Art. Respiration					
03 Baby Delivered					
04 Bag Mask Reus					
05 Bleeding Con					
06 Burn Treatment					
07 C Collar Applied					
08 Cold/Hot Applied					
09 CPR					
10 Dressing Applied					
11 Extrication					
12 Immobilization					
13 Irrigation					
14 Long Bd/Scuop					
15 MAST					
16 Oxygen Admin.					
17 Restraints					
18 Short Bd/KED					
19 Splinting					
20 Suction					
21 Transport Only					
22 Vomiting-Induced					
23 Other (Narr.)					
ALS Treatment					
24 Blood Drawn					
25 Defibrillated					
26 Drug Admin					
27 Intubation					
28 IV Admin					
29 Monitor EKG					
30 Other (Narr.)					

ET

COPY DISTRIBUTION - Original-Ambulance Service - 1st Copy-Hospital ER - 2nd Copy-State EMS - 3rd Copy-Central Billing

HOSPITAL

Medical Records

19 REP:99 EMERGENCY ROOM REGISTRATION

Financial Number

Last Name First Name M.I. Date of Birth Age Date Treated Time In Time Out Physician No.

Street Address City State Zip Telephone No. Social Security No. Sex Clerk

Race Mar. St. Employer of Responsible Party 8888 PT ADM Type of Geographic Code Pt. Type SVC Class F.S. Code Responsible Party Phone No.

Responsible Party Last Name First Name M.I. Street Address City State Zip

Policyholder's Name Insurance Co. 3rd Party Contract No. Group No.

1 2 3

Accident Report Nature Date & Time Place

Kenpac Provider ER/Attending Physician Referred To

Chief Complaint Family Physician Referred To

Allergies/Reactions ? Vital Signs Time 17:40 Temp. 0 Pulse 6 Resp. 0 B/P 0

Physician's H&P

Physician's Orders

Time Lab Ordered Time X-Rays Ordered

☒ CBC ☒ SMA7 ☐ Cardiac Enzymes ☐ Digoxin Level Other Lab: ☒ X-Ray ☐ Chest ☐ CT

☒ CKMB ☐ PT & PTT ☐ fluz ☐ Amylase ☐ ABG ☐ ETOH

☒ UA ☐ Urine Drug Screen ☐ Liver Profile ☐ Preg. Test

Notified here Time 18:40 Disposition ☐ LWT ☐ Admit ☐ AMA ☐ Transfer ☐ Home ☐ Room No. Discharge Condition Time 17:40 ☐ Good ☐ Serious ☐ Fair ☐ Critical ☒ Expired

Diagnosis Death 2nd multiple system trauma MEDICAL RECORDS 9/28/85 ER

[REDACTED]
[REDACTED]
[REDACTED], KENTUCKY

Dictated: [REDACTED]/96 7:04 P
Transcribed: [REDACTED]/96 7:54 P

Admitted:
Discharged:

MR#: [REDACTED] Room: E.R.

Name: [REDACTED] de

DATE OF E.R. VISIT: [REDACTED]/1996 DATE OF BIRTH: [REDACTED]/1992

SUBJECTIVE: This 4-year-old male was the restrained front seat passenger in a car today which slid on an icy road and collided head-on with another vehicle. It is noted that the patient was wearing a seat belt; however, the collision along with the force of the air bag resulted in the patient being thrown into the back seat of the car sustaining multiple trauma at the time.

The patient was extricated from the car by the [REDACTED] Police. They began CPR in their police cruiser and started toward the hospital. They were met en route by ambulance and the patient was transferred at that time. The patient was initially in respiratory arrest. The paramedics intubated the patient and continued CPR. The report is that there was pulse with CPR but not spontaneously.

At time of arrival here, over 1 hour after the accident, the patient was in restraint, intubated, receiving respirations via bagging and chest compressions.

Initial exam reveals multiple contusions and deformities of the face with most of the skin abraded off the lower right half of the face and the neck. The pupils are fixed and dilated. The patient's chest and abdomen muscles are rigid. Multiple petechia are present on the skin and there is marked subcutaneous air around the entire chest. There is no pulse noted with chest compressions. Cardiac monitor is asystole.

It was determined at this time that further resuscitative efforts were not indicated and the patient was pronounced [REDACTED].

ASSESSMENT: Death due to multi-system trauma.

PLAN: Further disposition per coroner ~~or funeral home.~~

CC: [REDACTED]
[REDACTED], M.D.

**BODY DIAGRAMS
AND
AUTOPSY REPORT**

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	
(3) Nerves	(06) Skin - Laceration	(2) Moderate Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(3) Serious Injury	
(5) Skeletal (includes joints)	(10) Amputation	(4) Severe Injury	
(6) Head - LOC	(20) Burn	(5) Critical Injury	
(9) Skin	(30) Crush	(6) Maximum (untreatable)	
	(40) Degloving	(7) Injured, unknown severity	
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• clothed in red T-shirt

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

pH = ___

PO₂ = ___PCO₂ = ___HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Abrasion (R) cheek, 5.5" x 2" inches
- Hematoma (1.5") (R) frontoparietal subscalpular area

- Blood bilateral nares

- Abrasions, deep, dark red from right fold of mouth involving right cheek, tip of chin, + contiguous underneath chin in a "helmet strap" distributed

- Contusion lower frenula
- Abrasion underneath (R) cheek, 5.0" x 1.3" inches

- Subcutaneous emphysema, marked, palpable, on face, neck, chest, + abdomen

- Abraded contusion anterior suprapubic abdomen, 6.5" x 2.0", centered 2.25" above symphysis pubis + 22" below top of head containing multiple, linear excoriations

- Marked subcutaneous emphysema scrotal sac

- Abraded contusion over (R) angle of mandible, 1.0" x 1.5" inches, emanates multiple linear, oblique, faint excoriations

- Abraded contusion above (R) buttock in (R) lumbosacral area, 3.4" x 2.9" with clean line of superior demarcation + variegated area of excoriation + abrasion inferiorly

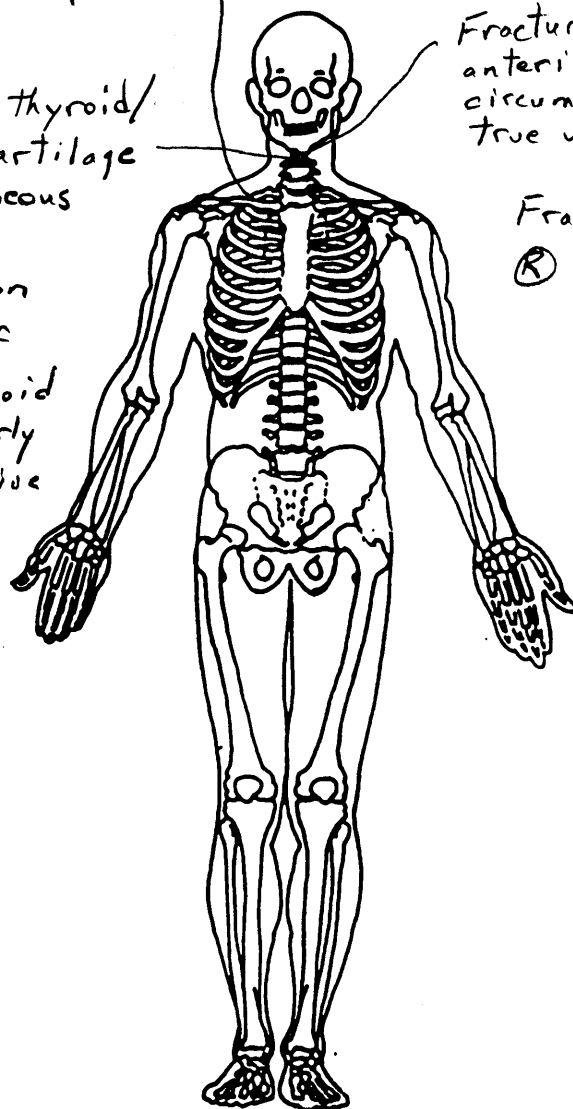
4 year-old
white maleHeight: 45 inches
Weight: 40 pounds

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Fracture (R) clavicle,
nondisplaced, complete

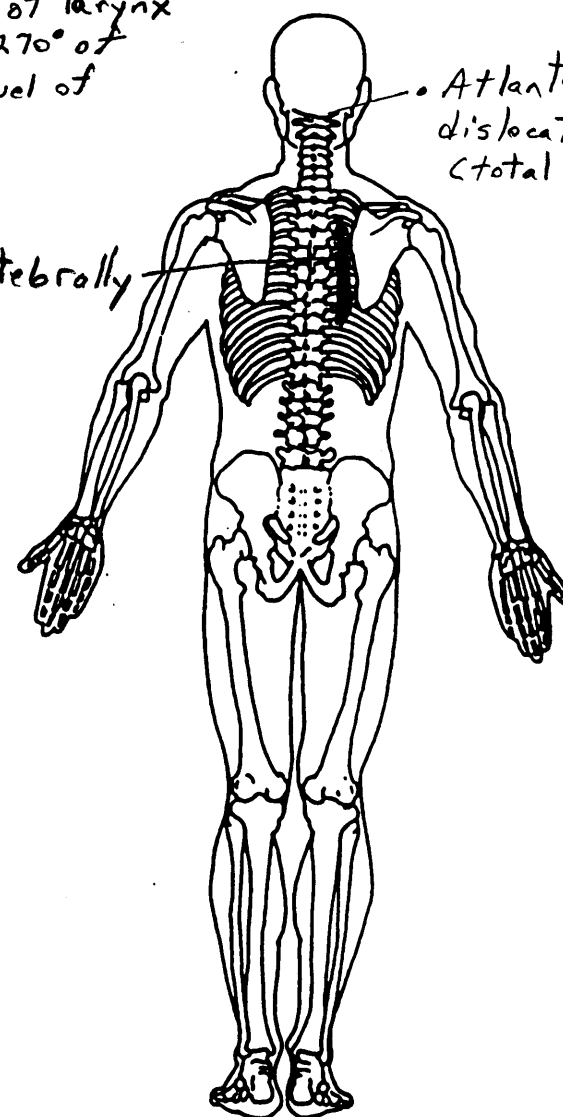
- Laceration thyroid/
cricoid cartilage
with subcutaneous
emphysema +
hemoaspiration
- Pulpification of
thyroid and cricoid
cartilage anteriorly
with copious massive
hemorrhage



Fracture, transmural, of larynx
anteriorly involving 270° of
circumference @ level of
true vocal cords

Fractured ribs:

(R) 2-9 paravertebrally



Atlanto-occipital
dislocation, complete
(total subluxation)

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (056) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Subdural hemorrhage, diffuse, thin, over convexities
- Brain swelling (widened flattened gyri and narrowed sulci)
- Subarachnoid hemorrhage, diffuse + copious to intraventricular system and @ base of brain

• Cerebral contusion (R) inferior, proximal, occipital lobe (0.8 cm) — cortical

• Transection brain stem/spinal cord @ junction with medulla oblongata (i.e., "internal decapitation")

• Retropleural hemorrhage at (R) rib fracture site

• Laceration (R) lung, with 350ml hemothorax, @ (R) antihilar surface, 2" (focal pulpification) *

• Laceration liver, 1.5", superficial, posterior (R) lobe @ peritoneal reflection + surrounding subcapsular hemorrhage

• Laceration spleen, antihilar surface (partial pulpification)

• Hemoperitoneum, 10 ml

* located @ fracture site

CAUSE OF DEATH

Multiple blunt force injuries from MUCollision

ICD-9-CM

E812.5A

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, other source)

OFFICE OF THE ASSOCIATE

FINAL

- I. Blunt force injuries, head and neck
 - A. Atlanto-occipital dislocation, complete
 - 1. Brainstem-spinal cord transection
 - B. Subdural hemorrhage
 - C. Subarachnoid hemorrhage
 - D. Cerebral contusion
 - E. Abrasion/contusion
 - F. Thyroid/cricoid cartilage laceration
 - 1. Subcutaneous emphysema
 - 2. Hemoaspiration
- II. Blunt force injuries, chest and abdomen
 - A. Clavicle fracture, right
 - B. Rib fractures, extensive
 - 1. Retropleural hemorrhage
 - 2. Pulmonary laceration, right
 - a. Hemothorax, right, 350 ml.
 - C. Hepatic laceration
 - D. Splenic laceration
 - E. Abrasion/contusion

OPINION - Death in this case is due to multiple blunt force injuries sustained as the result of a motor vehicle collision.

 - 97

Date



Medical Examiner

[REDACTED]

POSTMORTEM EXAMINATION

OF THE BODY OF

[REDACTED]

A postmortem examination of the body identified as [REDACTED] is performed at the Centralized Laboratory Facility on [REDACTED], 1996, at [REDACTED], M.D. Forensic Autopsy Technicians are [REDACTED] and [REDACTED] III.

EXTERIOR OF THE BODY

Received in a navy zippered disaster pouch with no external identification and clothed in one hospital gown, red T-shirt, and wrapped in one white blanket is the body of normally developed, adequately nourished white male appearing the offered age of 4 years with a measured height of 45 in. and a weight of 40 pounds. An additional white sheet is within the zippered disaster pouch. The scalp hair is light brown to dark blonde, wavy and up to 2 in. long. The pupils are round, equal and 6 mm. They are viewed through transparent corneae. The irides are blue. Bloody material exudes through the nares bilaterally. The nose and mouth are normally formed. The teeth are in a good state of repair. The lower frenula exhibits contusion. The ears are normally formed. Marked palpable subcutaneous emphysema is present in the face, neck, chest and abdomen. The neck contains no palpable masses. The chest is crepitant and slightly hypermobile. The abdomen exhibits abraded contusion which will be further described below. The testes are palpable within the scrotal sac, which itself exhibits marked subcutaneous emphysema. A hospital identification bracelet is about the left wrist. Examination and palpation of the lower extremities fails to reveal fracture. The length of the inferior gluteal fold to the vertex of the scalp is 27 inches. Rigor mortis is well developed in all muscle groups. Livor mortis is in the dependent portions of the body except over pressure points and blanches to firm pressure.

EVIDENCE OF MEDICAL TREATMENT

Needle puncture sites are in the antecubital fossae bilaterally and are recovered with white gauze secured with clear medical tape.

EVIDENCE OF INJURY

Deep dark red abrasion with red/brown drying artifact with a parchment like consistency is in a patterned area extending laterally from the right fold of the mouth to involve the right cheek and tip of chin with a contiguous area underneath the chin in a "Helmet strap" like distribution. This abrasion is 5.5 in. horizontal by up to 2 in. in greatest vertical length over the right cheek. The helmet like distribution underneath the cheek is 5.0 in. horizontal by 1.3 in. anteroposterior. At the angle of the right mandible is a patterned abraded contusion 1.5 in. vertical by 1.0 in. horizontal consisting of deep abrasion from which emanates multiple linear, oblique, faint excoriations ranging up to 0.3 in. in greatest length separated by a distance of 1/8 in. Immediately anterior to this patterned abrasion are three punctate, tandem excoriations each 1/16 in. in diameter separated by a distance of 0.25 in. each.

The anterior suprapubic abdomen exhibits abraded contusion 6.5 in. horizontal by 2 in. vertical centered at a point 2.25 in. above the symphysis pubis and 22 in. below the top of the head. This abraded contusion contains within its midst multiple punctate to linear excoriations.

Immediately above the right buttock in the right lumbosacral area is a patterned abraded contusion 3.6 in. horizontal by up to 2.9 in. vertical with a clean line of superior demarcation and a

variegated area of excoriation and abrasion inferiorly. Rough brown/red parchment-like drying is evident.

INTERIOR OF THE BODY

A "Y" incision is carried through a midline panniculus ranging up to 1.0 cm. in thickness with hemorrhage corresponding to the previously described belt-like abrasion/contusion. The right mid clavicle is completely fractured in a nondisplaced fashion. Right ribs 2-9 are fractured paravertebrally with concomitant marked subpleural hemorrhage. The right frontoparietal subscalpular tissue contains a 1.5 in. hematoma. The calvarium is intact and displays no abnormality. The superior sagittal sinus is patent and in the midline. Diffuse thin subdural hematoma is over the convexities. Subarachnoid hemorrhage is diffuse. The right inferior proximal occipital lobe exhibits 0.8 cm. cortical contusion. The swollen brain contains widened and flattened gyri and narrowed sulci and weighs 1440 gm. Copious subarachnoid hemorrhage is within the intraventricular system as well as at the base of the brain where total subluxation (location) of the atlanto-occipital joint causes transection of the upper cervical spinal cord at its junction with the medulla ("internal decapitation"). Concomitant copious pervertebral hemorrhage is extensive and dissects down the right strap muscles.

At the level of the true vocal cords transmural fracture of the larynx is evident anteriorly with disruption of approximately 270° of the circumference of the larynx at that level. Opening of the larynx posteriorly reveals pulpification of the thyroid and cricoid cartilage anteriorly with copious massive hemorrhage.

The posterior aspect of the right lobe of the liver at the peritoneal reflection exhibits vertical 1.5 in. superficial laceration with surrounding subcapsular hemorrhage.

The antihilar surface of the spleen exhibits partial pulpification. Approximately 10 ml. of free blood accompanies these intraperitoneal injuries.

NO FURTHER DELINEATION OF ACUTE TRAUMATIC INJURIES WILL BE CONTAINED WITHIN THE BULK OF THIS AUTOPSY REPORT.

CARDIOVASCULAR

The heart is of the normal configuration and weighs 70 gms. The epicardial surface contains a normal amount of glistening, yellow adipose tissue. The cardiac chambers are of proportionate capacity. The mural and valvular endocardia are smooth and glistening. No abnormality of the valves is appreciated. The papillary muscles and projecting myocardial muscle bundles are of normal prominence. The chordae tendinae display no abnormality. The coronary ostia are in their usual location and give rise to normally distributed coronary arteries. On section, the firm, brown myocardium is of normal consistency. No focus of scar or acute hemorrhage is demonstrated.

The systemic aorta is of normal caliber and elasticity. The intimal surface is smooth and glistening. The ostia of the large branches are of normal distribution and dimension. Exploration and inspection of the large veins reveals no evidence of antemortem clot.

RESPIRATORY

The lungs are of the usual lobation and weigh 90 and 110 gms., left and right respectively. Minimal amounts of subpleural anthracotic pigment are within all lobes. The lungs are of decreased crepitation. The pleurae are generally smooth and glistening. The bronchi are of normal distribution and dimension lined with smooth, mucosa. On section, the right lung exhibits geographic areas of purple/red discoloration consistent with hemoaspiration. No focus of consolidation, calcification or friability

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~ 0
formation is demonstrated. The hilar lymph nodes are minimally anthracotic and non-calcified. The right antihilar surface of the lung exhibits focal pulpification in an area 2 in. in greatest diameter. Approximately 350 ml. of fluid blood accompanies these injuries in the smooth, right pleural space which exhibits the previously described fractures.

LIVER AND GALLBLADDER

The liver weighs 900 gms. With the exceptions noted above the capsule is intact, smooth and shiny. The liver edge is sharp. On section, the hepatic substance is homogeneously brown and of normal consistency. No focal abnormal markings are demonstrated.

The smooth-walled gallbladder contains approximately 2 ml. of dark green bile. Stone is not demonstrated. Exploration and inspection of the large bile ducts reveal them to be of normal distribution and dimension. They are patent and free of stone.

PANCREAS

The pancreas is in its usual location and on section is composed of normally lobulated, yellow/tan, soft substance. No focus of calcification is demonstrated.

ADRENALS

The adrenal glands are in their usual location and are of normal size and shape. A small amount of periadrenal hemorrhage is on the right. On section, they are composed of smooth, yellow outer cortical rims which overlie zones of deeper brown cortical and gray medullary substances.

GENITOURINARY

The kidneys are of similar size and shape. Together they weigh 45 gms. The capsules are removed easily to reveal smooth, medium brown renal surfaces. On section, the cortices and medullae are well demarcated. The usual arcuate markings are preserved. No abnormalities of the calyces, pelves, cortices or medullae are demonstrated. The ureters are patent.

The bladder lumen contains no urine. The openings of the ureters into the bladder are normal. The bladder mucosa is light tan and finely wrinkled.

The prostate gland is of normal size and shape for age. On section, it is composed of firm, white substance. No focus of nodularity or yellow discoloration is demonstrated.

SPLEEN

The spleen weighs 70 gms. The capsule exhibits abnormalities noted above.. On section, no focal abnormal markings are demonstrated. The usual follicular and trabecular architecture is preserved.

ALIMENTARY

The smooth-walled esophagus is intact, of usual thickness and gray. Its mucosa is present in normal longitudinal folds. The cardioesophageal junction is easily identified. The gastric wall is intact and of usual thickness. No abnormality of its serosal surface is demonstrated. The gastric mucosa is present in its normal rugal pattern. The stomach lumen contains approximately 30 ml. of partially

[REDACTED]
liquefied brown/green food material. The pylorus and duodenum display no abnormality. The small and large intestines are not remarkable. The vermiform appendix is present.

MUSCULOSKELETAL

Examination and palpation of the spine, ribs, shoulder girdle and pelvis reveals injuries noted above.

NECK

Soft tissue hemorrhage is within the neck as previously noted. The hyoid bone is intact. The thyroid and cricoid cartilages exhibit injuries noted above. The thyroid gland is normal.

HEAD

With the exceptions noted above, no congenital or acquired abnormalities are identified.



MICROSCOPY

Brain: extravasated blood

Lung: extravasated blood

With the exception of autolysis and hyperemia, the remaining tissue sections examined reveal no significant histopathologic abnormalities.

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE OTHER REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

67 inches X 2.54 = 170 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

230 pounds X .4536 = 104 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): Middle but no restraints

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability** 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
 [] Official injury data
☒ Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +
- 0 0 0

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 0 0

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 06
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

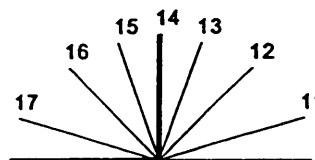
49. Head Restraint Type/Damage by Occupant at This Occupant Position 6
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 0 5
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

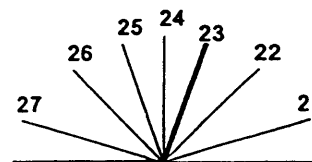
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

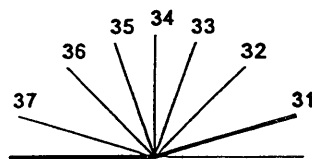
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT**55. Child Safety Seat Make/Model** 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00**59. Child Safety Seat Shield Usage** 00**60. Child Safety Seat Tether Usage** 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 03

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 02

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE OTHER REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9629</u>	4. Occupant Number	<u>03</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
Strain ② Shoulder	1st	5. <u>3</u>	6. <u>7</u>	7. <u>5</u>	8. <u>10</u>	9. <u>20</u>	10. <u>1</u>	11. <u>1</u>	12. <u>160</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
Contusion ② Shoulder	2nd	16. <u>7</u>	17. <u>7</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>160</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
Laceration bridge of nose	3rd	27. <u>7</u>	28. <u>2</u>	29. <u>9</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>4</u>	34. <u>160</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

U.S. - 90

[illegible]

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
	(02) Skin - Abrasion		
	(04) Skin - Contusion		
(1) Whole Area	(06) Skin - Laceration		
(2) Vessels	(08) Skin - Avulsion		
(3) Nerves	(10) Amputation		
(4) Organs (includes Muscles/ligaments)	(20) Burn		
(5) Skeletal (includes joints)	(30) Crush		
(6) Head - LOC	(40) Degloving		
(9) Skin	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restraigned passenger in back seat (HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restraigned?

___ No

☒ Yes (HP)

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

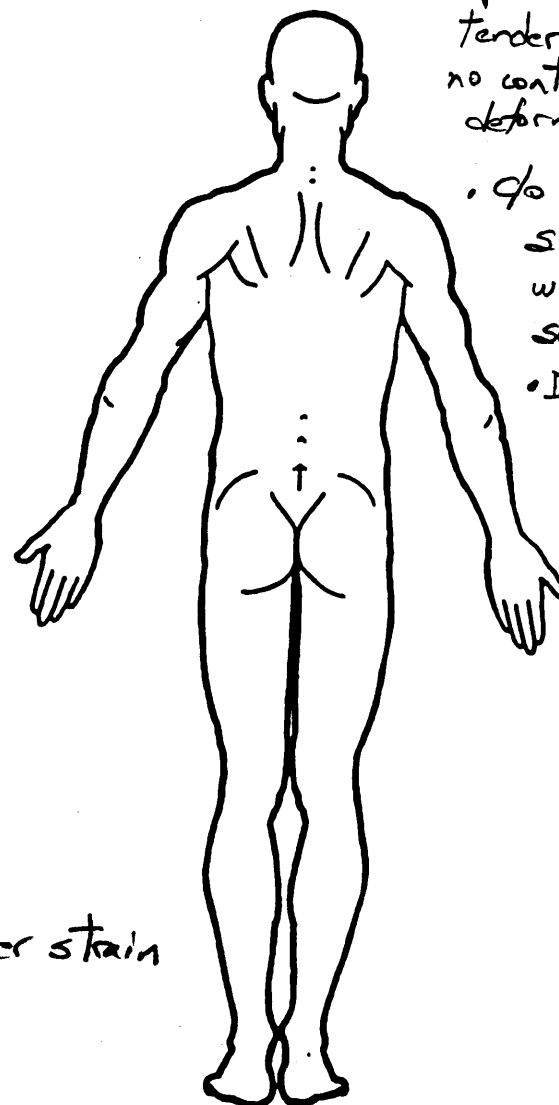
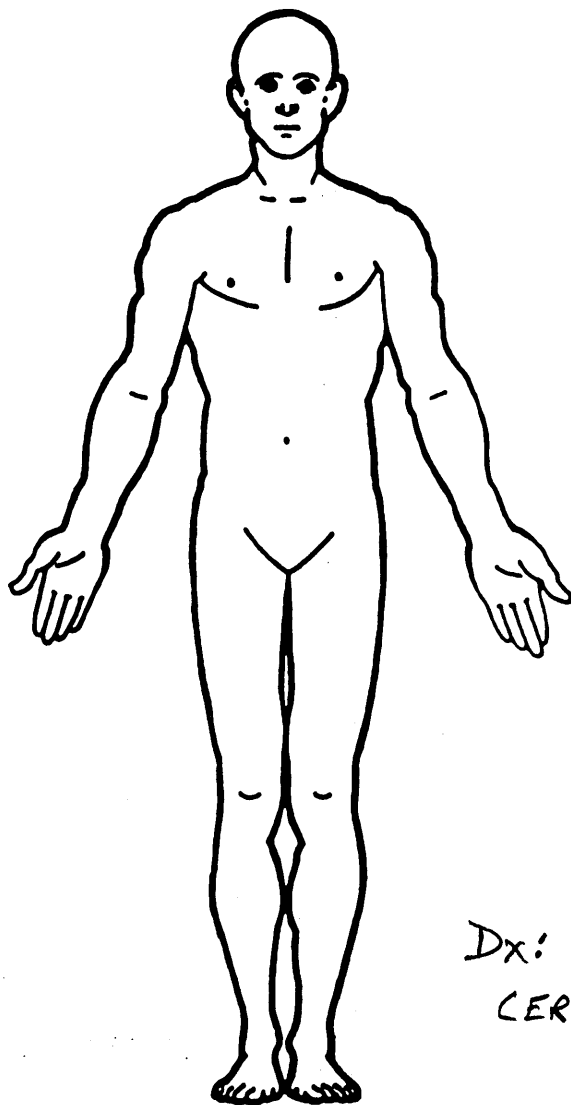
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

21 year-old
white female (HP)



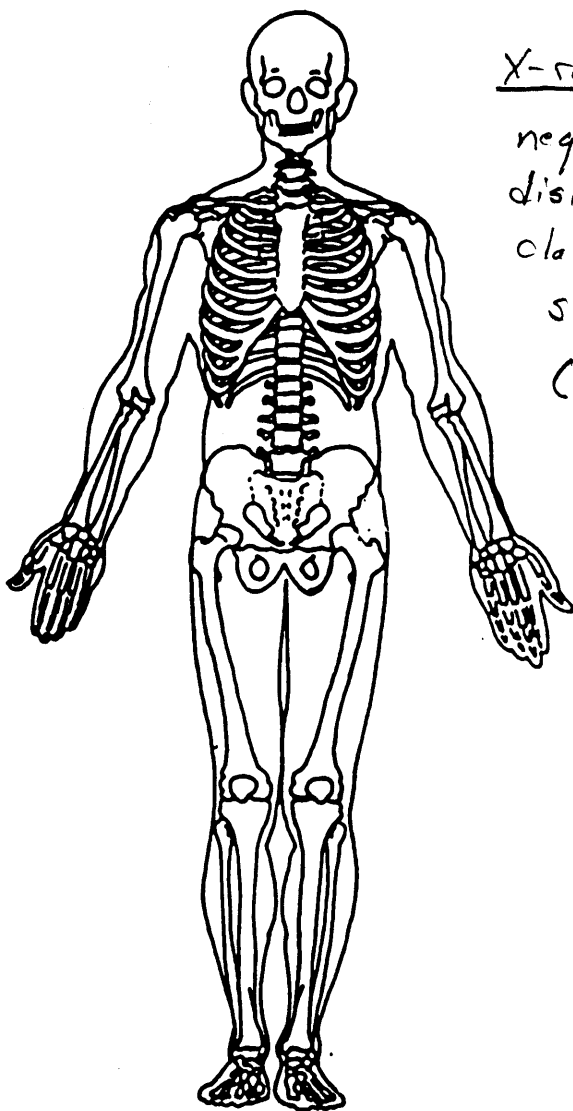
• Top of ② shoulder
tender to palpation,
no contusion or
deformity (HP)

• No pain ②
Shoulder across
where the
seat belt was
(HP)
• Denies any
other injury
(HP)

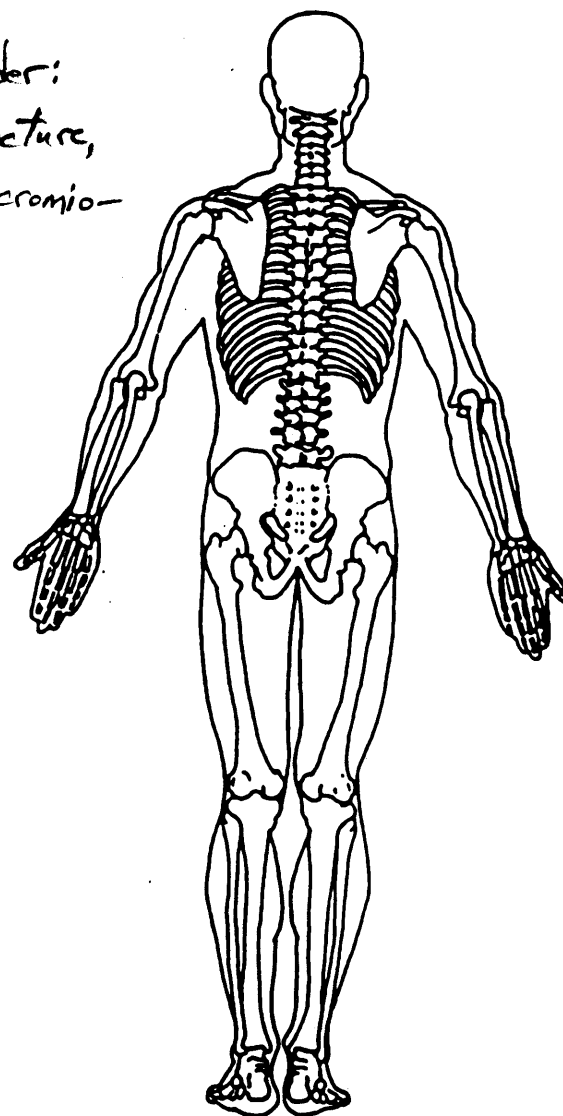
Dx: Shoulder strain
(ER)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



X-ray ⑧ shoulder:
negative for fracture,
dislocation, or acromio-
clavicular joint
separation
(HP, EX)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
R.F. Passenger
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

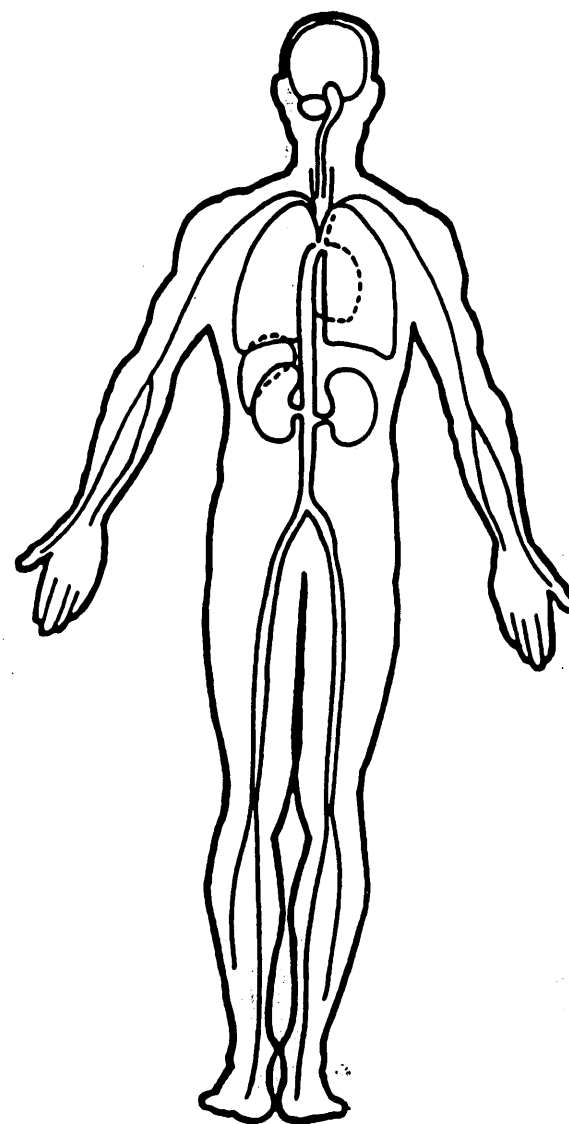
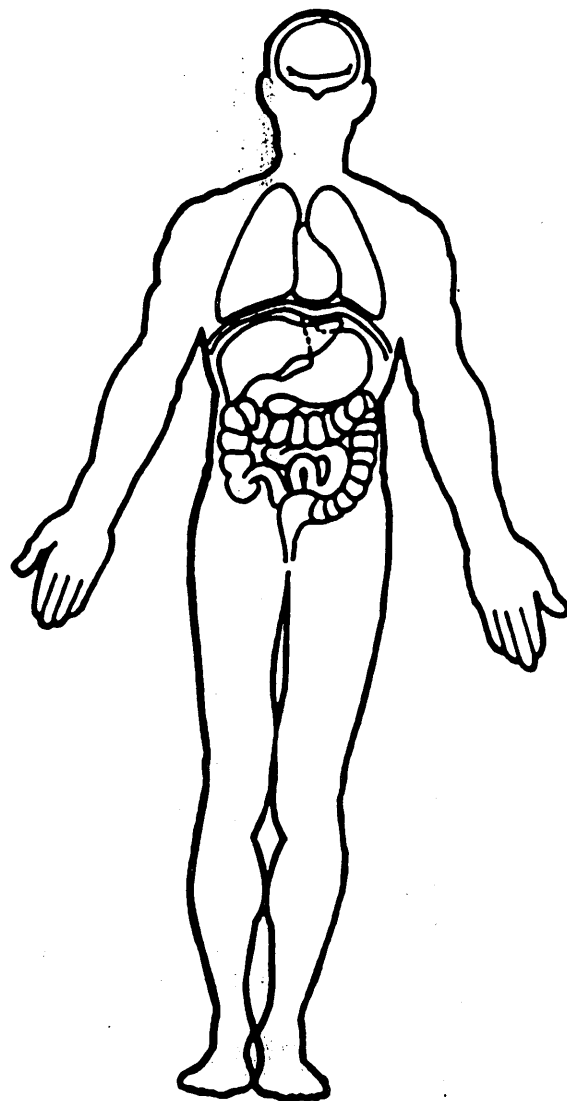
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

• Didn't hit her head on anything (HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• No LOC
(HP)



CAUSE OF DEATH

ICD-9-CM

840.9 Sprains + strains of shoulder + upper arm - unspecified site
(ER)

E812.1 MVA with another motor vehicle - passenger (ER)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patient's stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

HOSPITAL

Photo ID Unavailable

Medical Records

Financial Number

72		19 REP:99		EMERGENCY ROOM REGISTRATION		Emergency Room/PUCC Services							
Last Name		First Name		M.I.	Date of Birth	Age	Date Treated	Time In	Time Out	Physician No.			
					1975	21 Y	1996	19:19	2025				
Street Address		City		State	Zip	Telephone No.		Social Security No.	Sex	Clerk			
				KY					F	RJ			
Race	Mar. St.	Employer of Responsible Party		8888	PT Rep.	ADM From	Type of ADM	Geographic Code	PL Type	SVC Class	F.S. Code	Responsible Party Phone No.	
W	D	UNEMPLOYED			7	1			2	23	19		
Responsible Party Last Name		First Name		M.I.	Street Address		City	State	Zip				
								KY					
Policyholder's Name		Insurance Co.		3rd Party Co. No.		Contract No.		Group No.					
1													
2													
3													
Accident Report Nature						Date & Time		Place					
TWO-CAR MVA						1996 16:20							
Kenpac Provider						ER/Attending Physician		Referred To					
Chief Complaint						Family Physician		Referred To					
MULTIPLE INJURIES/RT SHOULDER													
Allergies/Reactions						Vital Signs							
Betadine - Rash						Time 1910		Temp. 98.2		Pulse 88		Resp. 20	B/P 110/70
Physician's H&P													

Physician's Orders

- Ice
 - Tylenol
 - sling
 - Flupar

2025/11/18

Time Lab Ordered				Time X-Rays Ordered				
<input type="checkbox"/> CBC	<input type="checkbox"/> SMA7	<input type="checkbox"/> Cardiac Enzymes	<input type="checkbox"/> Digoxin Level	Other Lab:		<input type="checkbox"/> X-Ray	<input type="checkbox"/> Chest	<input type="checkbox"/> CT
<input type="checkbox"/> CKMB	<input type="checkbox"/> PT & PTT	<input type="checkbox"/> Amylase				(2) shoulder		
<input type="checkbox"/> Quick Strep	<input type="checkbox"/> Theophylline	<input type="checkbox"/> ABG				Other: 840.9		
<input type="checkbox"/> UA	<input type="checkbox"/> Urine Drug Screen	<input type="checkbox"/> ETOH				E812.1		
<input type="checkbox"/> SMA 6	<input type="checkbox"/> Liver Profile	<input type="checkbox"/> Preg. Test				Level of Care		
Notified	Disposition	<input type="checkbox"/> LWT	<input type="checkbox"/> Admit	<input type="checkbox"/> AMA	Discharge Condition	<input type="checkbox"/> EKG		
Time	Time	2025	<input type="checkbox"/> Transfer		Time			
<input type="checkbox"/> Police	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Room No.			<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Serious		
<input type="checkbox"/> MCC					<input type="checkbox"/> Fair	<input type="checkbox"/> Critical		
Diagnosis				Physician		Other Tests:		
MVA - shoulder strain								

ER

[REDACTED]
[REDACTED]
[REDACTED] KENTUCKYDictated: [REDACTED]/96 8:06 P
Transcribed: [REDACTED]/96 8:26 PAdmitted:
Discharged:

MR#: [REDACTED] Room: ER

Name: [REDACTED]

DATE OF ER VISIT: [REDACTED] 96

SUBJECTIVE: This 21-year-old white female was a restrained passenger in the back seat of a car which hit another vehicle head on. She is complaining of pain in her right shoulder across where the seat belt was. She denies any other injury. She didn't hit her head on anything and had no loss of consciousness.

OBJECTIVE: Anxious white female, vital signs unremarkable. HEENT - there is no evidence of skull or facial bone trauma. Soft tissues and sensory organs of the head are unremarkable. Neck is nontender. The very top of the patient's right shoulder is somewhat tender to palpation. There is no contusion or deformity present. She has full range of motion left shoulder and upper extremity. Chest, spine, abdomen, pelvis, and lower extremities are all unremarkable. X-ray of the shoulder is negative for fracture dislocation or AC separation.

PLAN: Ice to the area as needed for pain, Tylenol, will put her in a sling. Follow up p.r.n.

[REDACTED]
[REDACTED] M.D.[REDACTED]
CC: [REDACTED]

[REDACTED] KENTUCKY

[REDACTED] /1975

ER

DATE ORDERED

DATE DONE

TIME

[REDACTED], M.D.

FILM NUMBER

[REDACTED]
RIGHT SHOULDER DATED [REDACTED] 96

Examination of the right shoulder shows no evidence of fractures, dislocations or other pathological bone or joint changes.

IMPRESSION: Negative right shoulder.

[REDACTED] M.D.

D: [REDACTED]
T: [REDACTED]

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9629

3. Vehicle Number

01

4. Occupant Number

04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

02

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

084

Code actual height to the nearest
centimeter.

(999) Unknown

33 inches X 2.54 = 83.8 centimeters

8. Occupant's Weight

015

Code actual weight to the nearest
kilogram.

(999) Unknown

32 pounds X .4536 = 14.5 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

Due to AGE

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>1</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>14</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>2</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 6

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment 0

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 0

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +
- 000

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***44. Source of Air Bag Damage**

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

**47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant?**

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

- (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear?

- (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION**49. Head Restraint Type/Damage by Occupant
at This Occupant Position**

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

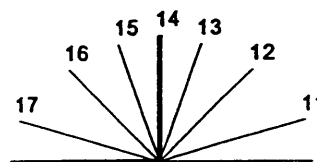
- (2) Seat at forward most track position
 (3) Seat between forward most and middle track
positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

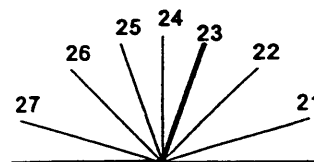
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

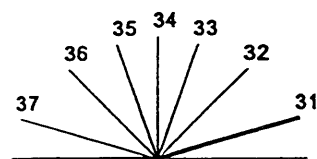
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 203

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 3

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 12

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1259. Child Safety Seat Shield Usage 0160. Child Safety Seat Tether Usage 01Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 02

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 02
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT REAR PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9629</u>	3. Vehicle Number <u>01</u> 4. Occupant Number <u>04</u>
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INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

		A.I.S. - 90											
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
Minor Injuries	1st	5. <u>3</u>	6. <u>9</u>	7. <u>9</u>	8. <u>04</u>	9. <u>00</u>	10. <u>1</u>	11. <u>9</u>	12. <u>160</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>	
	2nd	16. <u>7</u>	17. <u>2</u>	18. <u>5</u>	19. <u>10</u>	20. <u>00</u>	21. <u>1</u>	22. <u>4</u>	23. <u>160</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>	
	3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	
	4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	
	5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	
	6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
	7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
	8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

U.S. - 90

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90		Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
				Specific Anatomic Structure	Level of Injury					
11th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	— — — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs,</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned		(4) Central
(5) Abdomen	consecutive two digit		(5) Anterior
(6) Spine	numbers beginning with	To the extent possible,	(6) Posterior
(7) Upper Extremity	02.	within the organizational	(7) Superior
(8) Lower Extremity		framework of the AIS, 00	(8) Inferior
(9) Unspecified	The exceptions to this rule	is assigned to an injury	(9) Unknown
	apply to:	NFS as to severity or	(0) Whole region

Type of Anatomic Structure

- (1) Whole Area
 (2) Vessels
 (3) Nerves
 (4) Organs (includes Muscles/ligaments)
 (5) Skeletal (includes joints)
 (6) Head - LOC
 (9) Skin

Whole Area

- (02) Skin - Abrasion
 (04) Skin - Contusion
 (06) Skin - Laceration
 (08) Skin - Avulsion
 (10) Amputation
 (20) Burn
 (30) Crush
 (40) Degloving
 (50) Injury - NFS
 (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
 (04) Level
 (06) of
 (08) Consciousness
 (10) Concussion

Spine

- (02) Cervical
 (04) Thoracic
 (06) Lumbar

Abbreviated Injury Scale

- (1) Minor Injury
 (2) Moderate Injury
 (3) Serious Injury
 (4) Severe Injury
 (5) Critical Injury
 (6) Maximum (untreatable)
 (7) Injured, unknown severity

SOURCE OF INJURY DATAOFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
 (2) Hospital/medical records other than emergency room (e.g., discharge summary)
 (3) Emergency room records only (including associated X-rays or other lab reports)
 (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
 (6) E.M.S. personnel
 (7) Interviewee
 (8) Other source (specify):
 (9) Police

INJURY SOURCE**CONFIDENCE LEVEL**

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
 (2) Indirect contact injury
 (3) Noncontact injury
 (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

- Riding in a car seat in back seat (HP)
- Remained in car seat throughout accident (HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

✓ Yes (HP)

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

pH = ___

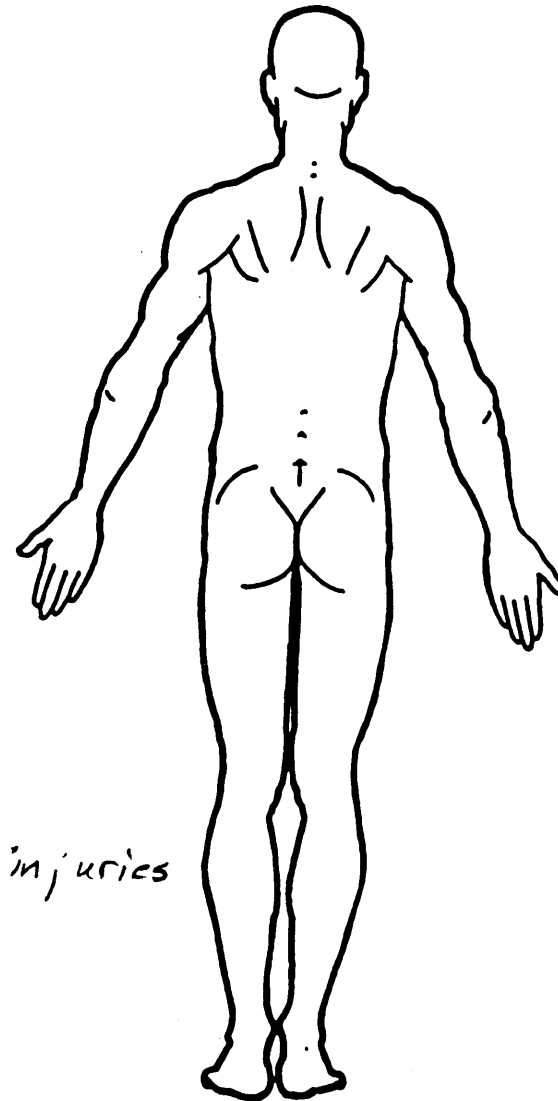
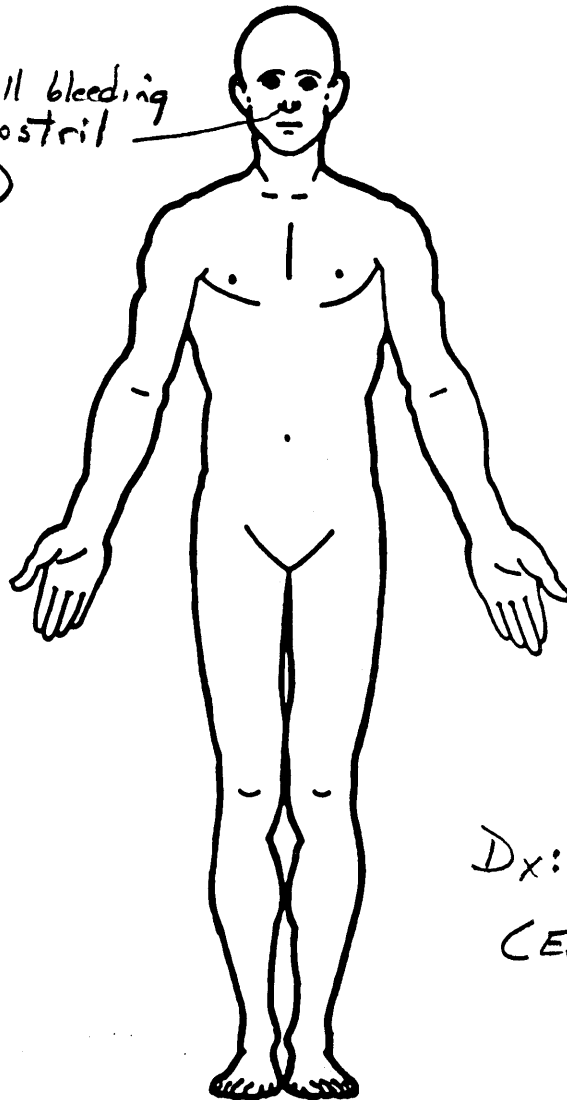
PO₂ = ___

PCO₂ = ___

HCO₃ = ___

- Head without evidence of trauma (HP)

- Small bleeding
⊗ nostril
(HP)



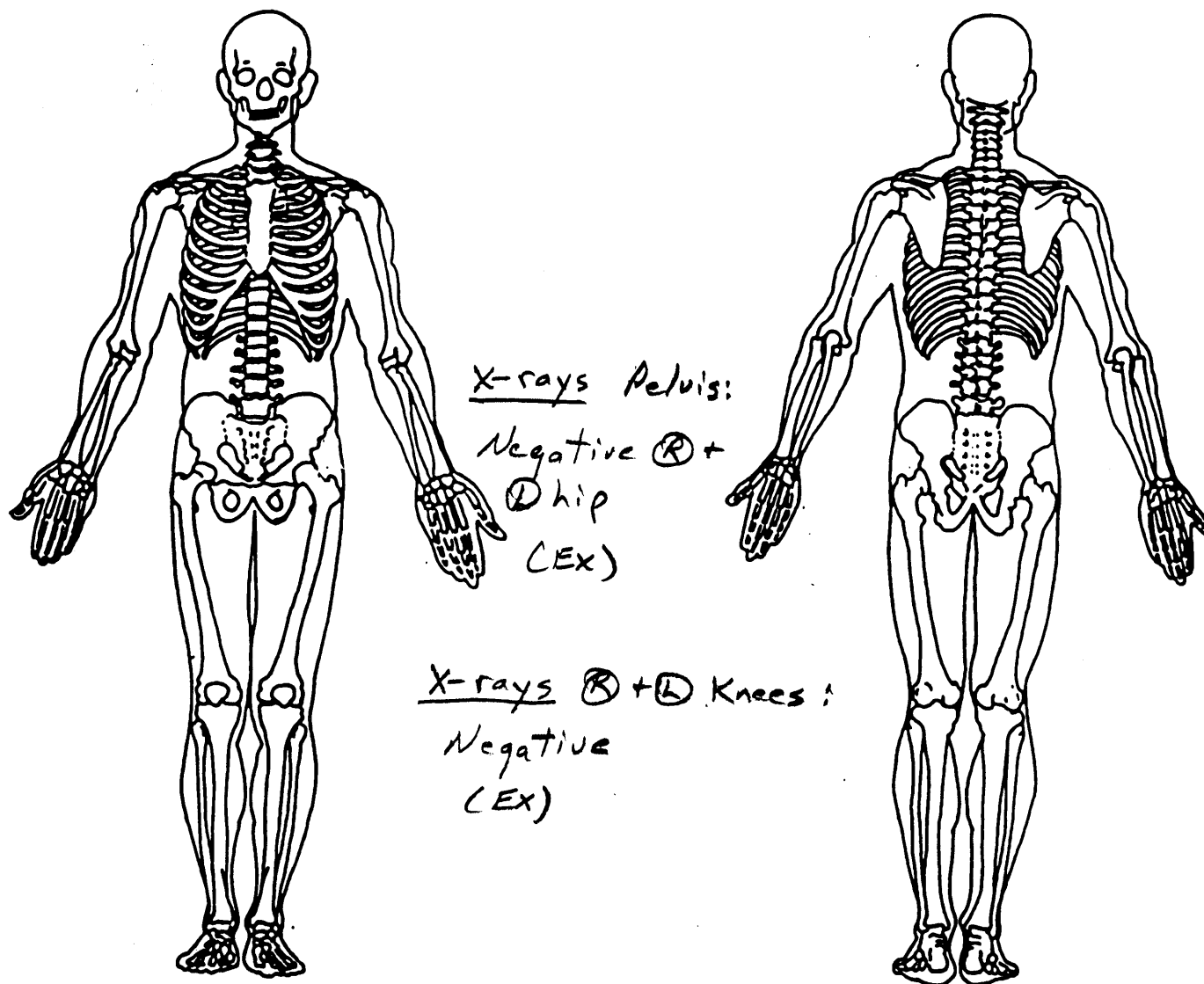
Dx: Minor injuries
(ER, HP)

2 year-old
male (HP)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Trip Plan: Coming to hospital to have this patient X-ray
in accordance with doctor's instructions (CHP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

- FRONT**
- (001) Windshield
(002) Mirror
(003) Sunvisor
(004) Steering wheel rim
(005) Steering wheel hub/spoke
(006) Steering wheel (combination of codes 004 and 005)
(007) Steering column, transmission selector lever, other attachment
(008) Cellular telephone or CB radio
(009) Add on equipment (e.g., tape deck, air conditioner)
(010) Left instrument panel and below
(011) Center instrument panel and below
(012) Right instrument panel and below
(013) Glove compartment door
(014) Knee bolster
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(017) Windshield reinforced by exterior object (specify):

(019) Other front object (specify):

LEFT SIDE
(051) Left side interior surface, excluding hardware or armrests
(052) Left side hardware or armrest
(053) Left A (A1/A2)-pillar
(054) Left B-pillar
(056) Other left pillar (specify):

(056) Left side window glass
(057) Left side window frame
(058) Left side window sill
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(060) Other left side object (specify):

RIGHT SIDE
(101) Right side interior surface, excluding hardware or armrests
(102) Right side hardware or armrest
(103) Right A (A1/A2)-pillar
(104) Right B-pillar
(105) Other right pillar (specify):

(106) Right side window glass
(107) Right side window frame
(108) Right side window sill
(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(110) Other right side object (specify):

INTERIOR
(151) Seat, back support
(152) Belt restraint webbing/buckle
(153) Belt restraint B-pillar or door frame attachment point
(154) Other restraint system component (specify):

(155) Head restraint system
(160) Other occupants (specify):
R.F. Passenger
(161) Interior loose objects
(162) Child safety seat (specify):

(163) Other interior object (specify):

AIR BAG
(170) Air bag-driver side
(171) Air bag-driver side and eyewear
(172) Air bag-driver side and jewelry
(173) Air bag-driver side and object held
(174) Air bag-driver side and object in mouth
(175) Air bag compartment cover-driver side
(176) Air bag compartment cover-driver side and eyewear
(177) Air bag compartment cover-driver side and jewelry
(178) Air bag compartment cover-driver side and object held
(179) Air bag compartment cover-driver side and object in mouth
(180) Air bag-passenger side
(181) Air bag-passenger side and eyewear
(182) Air bag-passenger side and jewelry
(183) Air bag-passenger side and object held
(184) Air bag-passenger side and object in mouth
(185) Air bag compartment cover-passenger side
(186) Air bag compartment cover-passenger side and eyewear
(187) Air bag compartment cover-passenger side and jewelry
(188) Air bag compartment cover-passenger side and object held
(189) Air bag compartment cover-passenger side and object in mouth
(190) Other air bag (specify)

(195) Other air bag compartment cover (specify)

ROOF
(201) Front header
(202) Rear header
(203) Roof left side rail
(204) Roof right side rail
(205) Roof or convertible top

FLOOR
(251) Floor (including toe pan)
(252) Floor or console mounted transmission lever, including console
(253) Parking brake handle
(254) Foot controls including parking brake

REAR
(301) Backlight (rear window)
(302) Backlight storage rack, door, etc.
(303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT
(401) Hand controls for braking/acceleration
(402) Steering control devices (attached to OEM steering wheel)
(403) Steering knob attached to steering wheel
(405) Replacement steering wheel (i.e., reduced diameter)
(406) Joy stick steering controls
(407) Wheelchair tie-downs
(408) Modification to seat belts, (specify):

(409) Additional or relocated switches, (specify):

(410) Raised roof
(411) Wall mounted head rest (used behind wheel chair)
(412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(451) Hood
(452) Outside hardware (e.g., outside mirror, antenna)
(453) Other exterior surface or tires (specify):

(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(501) Front bumper
(502) Hood edge
(503) Other front of vehicle (specify):

(504) Hood
(505) Hood ornament
(506) Windshield, roof rail, A-pillar
(507) Side surface
(508) Side mirrors
(509) Other side protrusions (specify):

(510) Rear surface
(511) Undercarriage
(512) Tires and wheels
(513) Other exterior of other motor vehicle (specify):

(514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(551) Ground
(598) Other vehicle or object (specify):

(599) Unknown vehicle or object

NONCONTACT INJURY
(601) Fire in vehicle
(602) Flying glass
(603) Other noncontact injury source (specify):

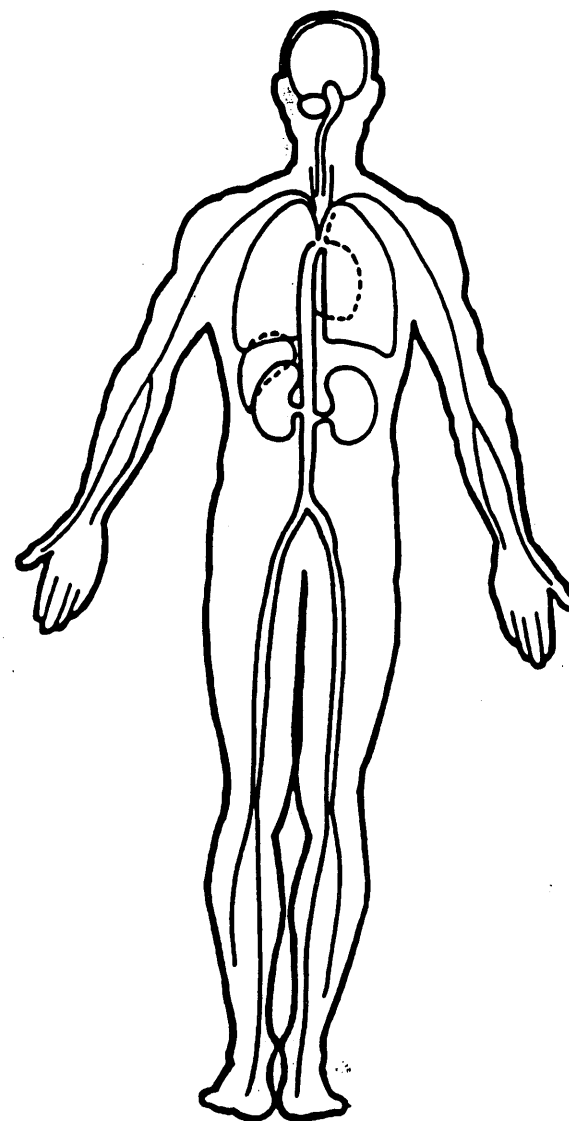
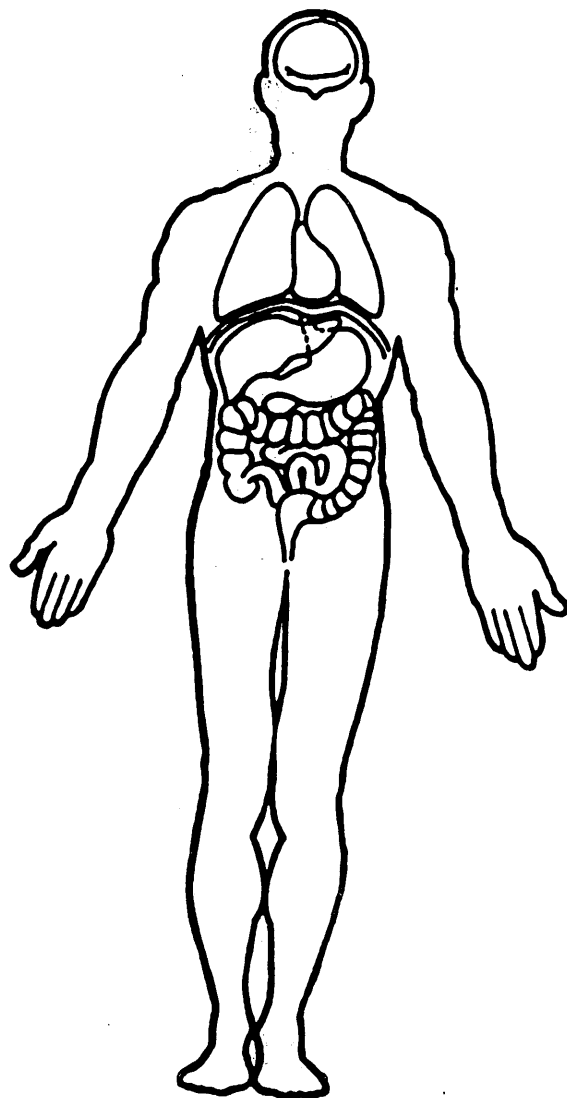
(604) Air bag exhaust gases
(697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

• Running, playing, using all extremities (HP)

• Discharge with head injury
instructions (ER, HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

959.8 Other or unspecified injury to other site (ER)

E812.1 MUTA with another motor vehicle - passenger (ER)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
RX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

HOSPITAL

41501

Medical Records

Financial Number

19 REP:99 EMERGENCY ROOM REGISTRATION Services

Last Name	First Name	M.I.	Date of Birth	Age	Date Treated	Time In	Time Out	Physician No.
			1/1994	2Y	1/96	7:45	1947	

Street Address	City	State	Zip	Telephone No.	Social Security No.	Sex	Clerk
		KY				M	

Race	Mar. St.	Employer of Responsible Party	8888	PT Rep.	ADM From	Type of ADM	Geographic Code	PL Type	SVC Class	F.S. Code	Responsible Party Phone No.
W	S	UNEMPLOYED		7	1			2	23	19	

Responsible Party Last Name	First Name	M.I.	Street Address	City	State	Zip

Policyholder's Name	Insurance Co.	3rd Party	Contract No.	Group No.
1				
2				
3				

Insurance Cards Unavailable

Accident Report Nature	Date & Time	Place
MVA	1/96 16:20	

Kenpac Provider	ER/Attending Physician	Referred To
CLINI		

Chief Complaint	Family Physician	Referred To
MULTIPLE INJURIES		

Allergies/Reactions	Vital Signs
WKA	Time Temp. 98.2 Pulse 100 Resp. 24 BVP

Physician's H&P

Physician's Orders

- ok
 - Head injury inst
 - Tylenol
 - f/u Dr. Pairoj re x-rays

Time Lab Ordered	Time X-Rays Ordered
<input type="checkbox"/> CBC <input type="checkbox"/> SMA7 <input type="checkbox"/> Cardiac Enzymes <input type="checkbox"/> Digoxin Level <input type="checkbox"/> Other Lab <input type="checkbox"/> CKMB <input type="checkbox"/> PT & PTT <input type="checkbox"/> Amylase <input type="checkbox"/> Quick Strep <input type="checkbox"/> Theophylline <input type="checkbox"/> ABG <input type="checkbox"/> UA <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> ETOH <input type="checkbox"/> SMA 6 <input type="checkbox"/> Liver Profile <input type="checkbox"/> Preg. Test	X-Ray <input type="checkbox"/> Chest <input type="checkbox"/> CT <input checked="" type="checkbox"/> 1840 Other: @ Hip & knee comparison views
Notified <input type="checkbox"/> LWT <input type="checkbox"/> Admit <input type="checkbox"/> AMA <input type="checkbox"/> Transfer Time 1947 <input type="checkbox"/> Police <input checked="" type="checkbox"/> Home <input type="checkbox"/> Room No.	Discharge Condition Time 1947 <input checked="" type="checkbox"/> Good <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Critical <input type="checkbox"/> Expired
<input type="checkbox"/> MCC	Other Tests: <input type="checkbox"/> EKG Physician's Signature: 959.8 ER 12.1

Diagnosis MVA - minor injuries

ER

J002140 D353107 P1

[REDACTED]
[REDACTED], KENTUCKY

Dictated: [REDACTED]
Transcribed: [REDACTED]

Admitted:
Discharged:

MR#: [REDACTED] Room: ER

Name: [REDACTED]

DATE OF ER VISIT: [REDACTED] 96

SUBJECTIVE: This 2-year-old male was riding in a car seat in the back seat of a car which collided head on with another vehicle. He remained in the care seat throughout the accident. He was acting normally, but was noted to have small amount of bleeding from the right nostril. He, otherwise, was not acting as if he had been injured. The patient had seen [REDACTED] because of some problems with the lower extremity. They were coming to the hospital to get the x-rays done as ordered by [REDACTED] at the time of the accident.

OBJECTIVE: White male in no apparent distress running, playing, using all extremities in a normal manner. Head is without evidence of trauma except for small amount of dried blood around the right nostril. There is no active bleeding present. Skull and face is intact. Neck is nontender. Shoulders and upper extremities are unremarkable. Chest is symmetric without evidence of injury. Breath sounds are equal, loud, and positive bowel sounds. Pelvis and lower extremities are unremarkable as well.

NEUROLOGIC EXAM: The patient is alert, smiling, playful, running around, and using upper extremities as well.

ASSESSMENT: Motor vehicle accident with apparent minor injuries.

PLAN: Will discharge the patient with head injury obstructions, Tylenol as needed for pain. Will follow up with [REDACTED] regarding the x-rays ordered for evaluation of the lower extremity.

CC: [REDACTED]

[REDACTED] HOSPITAL
[REDACTED]

[REDACTED] ER

DATE ORDERED

DATE DONE

TIME

[REDACTED] / 1994
[REDACTED]

FILM NUMBER

[REDACTED]
RIGHT KNEE DATED [REDACTED]-96

Examination of the right knee shows no evidence of fractures, dislocations or other pathological bone or joint changes.

IMPRESSION: Negative right knee.

LEFT KNEE DATED [REDACTED]-96

Examination of the left knee shows no evidence of fractures, dislocations or other pathological bone or joint changes.

IMPRESSION: Negative left knee.

RIGHT HIP DATED [REDACTED]-96

Examination of the right hip shows no evidence of fractures, dislocations or other pathological bone or joint changes.

IMPRESSION: Negative right hip.

LEFT HIP DATED [REDACTED]-96

Examination of the left hip shows no evidence of fractures, dislocations or other pathological bone or joint changes.

IMPRESSION: Negative left hip.

14-
[REDACTED]
[REDACTED]
[REDACTED]